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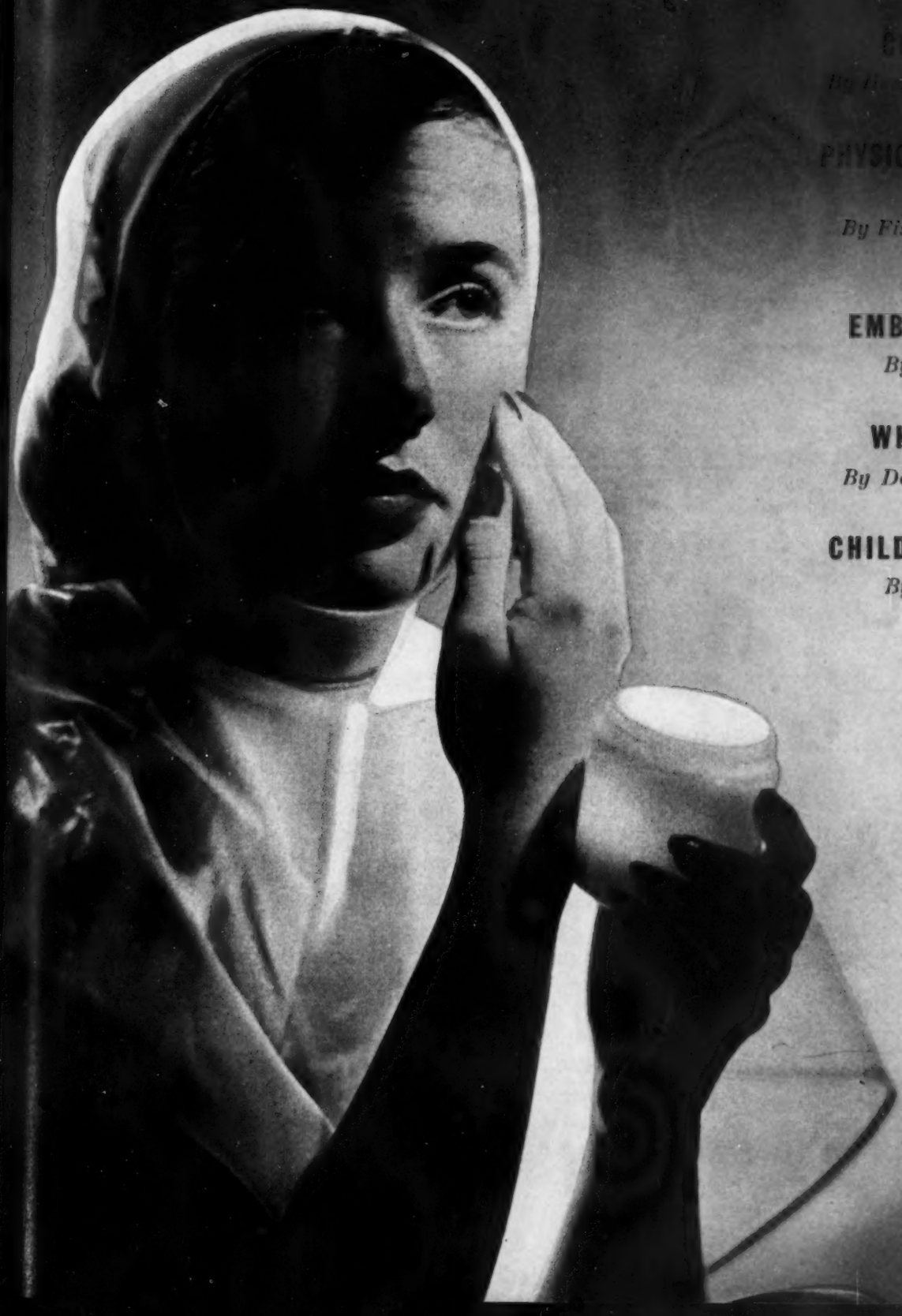
The Health Magazine of the American Medical Association



COLD CREAM
By Hyman Goodman, M.D.

PHYSICAL FITNESS FOR AMERICA
By Fishbein, Graffis and Rowntree

EMBALMED FOOD
By Evan Wright

WHITE TEETH
By Donald A. Wallace

CHILD PSYCHOLOGY
By H. H. Wilke

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OF THE WAR BOND PRIZE ESSAY CONTEST

1. Title of Essay: What War Bonds Mean to America's Future.
2. Boys and Girls under 18 years of age, residing in the United States, are eligible.
3. Essays must be under 200 words in length.
4. Essays will be judged on: (a) Quality of thought 50% (b) Originality of presentation 25% (c) Literary style, grammar, neatness 25%.
5. Manuscripts may be typed or handwritten on one side of plain paper, 8½ x 11 inches. Contestant's name, age, street address, city, state, and number of words in essay must be shown in the upper right-hand corner of each page.
6. The Judges will be three persons, eminently qualified by education and experience for their task, and their decisions shall be final.
7. Envelopes must be postmarked not later than midnight, Dec. 1st, 1944, and awards will be sent by air mail special delivery Dec. 20th, 1944. Address: Mead Johnson War Bond Prize Essay Contest, Evansville 21, Ind.

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***NOTE:* Contestants may wish to familiarize themselves with the Mead Johnson War Bond Advertisements which have been appearing in previous issues of *Hygeia*. This, however, is not obligatory.**

MEAD JOHNSON & CO., EVANSVILLE 21, IND., U.S.A.

Accidents—Greatest of All Killers

An Editorial by AUSTIN E. SMITH

THE people who were killed and injured in the United States during 1943 would make a line reaching from Chicago to San Francisco. Enough people were killed to populate a city of 97,000; the number injured is greater than the combined population of New York and Chicago. The cost of their injuries was $4,900,000,000—enough to purchase a $10,000 home for almost a half million families. The lost manpower, 380,000,000 man-days could provide staggering amounts of food, clothing and other necessities.

The National Safety Council recently issued a booklet showing the number of accidents that occur annually in this country, the cost, the effects and other pertinent facts. This booklet should be read by every one interested in the promotion of safety. The enormous annual toll is largely avoidable, as most accidents are avoidable. Tragically, there is no need for the loss each day of 267 lives. Accidents comprise the greatest single destructive agent now in existence. War is second.

Accidents occur in the home, on the street, at school and at places of employment. They happen during play and during work. No place and no person are exempt when carelessness dominates our daily activities. Every kind of work and every part of the body are involved. The types of home accidents include falls, burns, explosions, falling objects, cuts, poisons, foreign bodies, firearms and suffocation; locations include the yard, kitchen, stairs, living room, bedroom, basement, dining room, bathroom, hall, garage and porch. Included in the objects which cause accidents are tools, furnishings, utensils, heating and laundry equipment, toys, food, inflammable materials, electrical apparatus, automobiles and floor coverings. At school accidents happen in the gymnasium, in the halls and on the stairs, in workshops and classrooms; they occur in practically all sports, in both organized and unorganized activities. The types and causes of accidents on the farm and in other places of employment also form a long list.

Motor vehicle accidents accounted for over 20,000 deaths and 800,000 injuries in 1943. In the home 32,000 civilians lost their lives and almost five million were injured. The cost of home accidents alone was $600,000,000. People at work contributed 18,000 lives and 1,850,000 injuries; these occupational injuries cost $2,400,000,000. Whether an accident is caused by the victim or some one else makes little difference once the damage is done. Some one must suffer; too frequently an entire family suffers.

More young people die from accidents than from any one disease. There are suffering and loss of life enough among children without accidents caused by boiling water or hot irons left unguarded within easy reach. When innocent victims become horribly scarred or incapacitated they suffer handicaps for which some one who has been careless must bear moral responsibility.

Safety precautions must be enforced every minute of every hour of every day, not just during periods of enthusiasm. When plans are made, every one must participate, and the plans must be carried through to completion. The family, the neighbors and fellow workers must observe the rules, as the loss of a life or permanent injury affects not only the victim but those in his immediate family and frequently his community. The price paid for carlessness is prohibitive, whereas the price of exerting extra thought and care to save these lives is very small.

PHYSICAL FITNESS FOR . .

By MORRIS FISHBEIN, HERB GRAFFIS and Col. LEONARD G. ROWNTREE

THE following discussion of physical fitness was broadcast in connection with a recent meeting of the Joint Committee of the American Medical Association and the National Council on Physical Fitness. Participating in the program were Dr. Morris Fishbein, Editor of *The Journal* of the American Medical Association and HYGEIA; Col. Leonard G. Rowntree, Chief of the Medical Division of the Selective Service System; and Herb Graffis, sports columnist of *Esquire* and Editor of *Golfdom* magazine.

GRAFFIS: What is physical fitness, Doctor? I would be content to get out of bed without having to use a spiritual block and tackle on myself, walk without looking for a cab and get my work done without having to force myself. If I could do that, would I be in good physical condition?

FISHBEIN: Physical fitness implies that the organs of the body are physically sound and capable of working efficiently. It implies specific fitness for skill in certain performances. It includes the practice of good personal hygiene and the application of established knowledge to improving the health and fitness of the human body. Physical fitness means more than just the ability to get around without suffering. It means the kind of abundant and buoyant health that gives you the drive and energy that are necessary for happiness under modern conditions of work and living.

ROWNTREE: When the doctors of the Selective Service System examined the registrants they found not only a number of preventable and correctable defects, deficiencies, disabilities and disorders but also they found that a good many of the young men were pampered, soft, flabby and in need of conditioning. Special training in physical fitness was necessary for these men after induction into the Army to make them capable of military service. This represented weeks of wasted time and effort which could have been avoided if these young men had been physically fit before induction. Physical fitness is a matter of development. It includes strength, endurance, stamina, initiative and emotional stability. To me physical fitness is a state of the body that combines maximum power and efficiency with the minimum time for recovery from fatigue after exhaustion.

GRAFFIS: Well, whose fault are the 4-F's? Can they blame it on their parents, or is it just general ignorance, the kids' carelessness or just tough luck?

ROWNTREE: There is, of course, no single cause for a 4-F. Out of a total of more than 4,000,000 of them there were at least 1,500,000 that we would call unpreventable and uncorrectable. There were lots of others, however, in whom attention to the things you mention would have done a great deal of good. If parents let a child go on for years with infected tonsils, bad cough, decaying teeth or a rupture, they are assuming the blame for the rating of 4-F that the boy will get if he ever comes up for examination. Lots of times this must be

due to ignorance. Certainly you cannot blame it on the boy's carelessness. On the other hand, I should say that a child born with a defective heart or with deficiencies of its glands, or a child that gets diabetes when it is very young, is just out of luck.

GRAFFIS: Do you think, Doctor Fishbein, that girls in the 12 to 22 year old group average any better physical condition than boys in the same age group?

FISHBEIN: I doubt that there are many accurate figures on the subject, but they did make a study in Cincinnati of the fitness of high school students, checking the records for boys and girls separately. They found that the figures for the girls were in general just about the same as those for the boys as far as defects of the lungs and teeth were concerned. There were more cases of disturbances of the heart among the girls than among the boys. When it came to eyes, hearing and tonsils, the trouble hit the girls just about the same as the boys. If we are going to have a physically fit nation, we certainly have to pay just as much attention to having the women physically fit as the men. Now that the WACS, WAVES and SPARS are part of the Army and Navy, we know that physical fitness is just as essential for women as it is for men.

GRAFFIS: The sports writers are wondering how the results of the physical conditioning in the Army and Navy will be reflected in the performances of athletes who return from the armed services a few years older and lacking practice in their specialized sports. Would you say, Colonel Rowntree, that the Army doctors' point of view would be that the over-all physical condition of these returning athletes will be such that they will have a good chance to resume their former ratings in their games?

ROWNTREE: Everybody knows that the first step for any athletic sport is general physical conditioning. The records made by the football teams from Great Lakes and the baseball teams from a good many of our Army camps show that the players who have been through Army and Navy physical conditioning can certainly hold their own with even the best of professional athletes.

FISHBEIN: Unless a man becomes highly efficient in some form of sport and keeps up that sport right along, he is not likely to be able to step in and compete at once with younger men. He has to get back into the rhythm and technic that specialization in sports demands. Every sports fan knows, however, that the Chicago Bears sent for Sid Luckman, who was home on leave from the Navy, to play quarterback in the 1944 All-Star football game. They seemed to be pretty certain that his experience in the Navy had not done him any harm!

GRAFFIS: What has the physical training of the Army shown about the capacity of American boys to be brought to ruggedness and agility?

FISHBEIN: The methods used by the Army and Navy in their physical conditioning are reflected in the wonderful rate of recovery of our boys from wounds and diseases and are reflected also in the remarkably low sickness and death rates of the Army and Navy in this war. Both Maj. Gen. Norman T. Kirk and Vice Admiral Ross T. McIntire have emphasized the fact that the wonderful physical condition of our young men has been of immense help when they have been subjected to wounds or exposed to disease. The death rate from wounds and from such diseases as pneumonia and meningitis in this war are reflections not only of the miracles wrought by good transportation, blood plasma, penicillin and surgery but also of the fact that the boys were in top-notch physical condition.

ROWNTREE: This war is not being won by a nation of physical weaklings. Both our enemies and our allies recognize the power of the American doughboys. They know that the basic material is sound. What it needs is training.

GRAFFIS: Where do the spectators come in on the physical fitness program? You know that the seat of the pants is the most used piece of athletic equipment in the nation—and that condition is not new. Seven hundred years before Christ the Olympic games were held at Mount Olympus because it provided seating facilities for thousands of spectators.

FISHBEIN: As a chronic attendant at every first-class sports event *(Continued on page 850)*

Children Must Face the Facts
OF DISABILITY

IT was dusk when my wife and I got off the train, but the light of welcome was there for us in the eyes of the young man who met us.

"Harold, it's great to see you again! Peggy, how are you?"

"The same goes for us, Joe," I answered. "We've been looking forward to this visit."

We turned to greet the little girl who was with him. "And how are you, Ann? Why, you must be all of three and a half years old by now!" Ann shook hands gravely with my wife, but stared at me, wide-eyed.

"Well, let's pile into the car," said our host. "Think we can all get into a little coupe?"

"Sure, we'll put Ann on my lap and we'll have plenty of room," I answered.

Ann spoke up: "I don't want to sit on his lap." There was a short, constrained pause, and my wife said, "All right, do you want to sit on my lap?"

That was agreeable. "Yes, I'll sit on Aunt Peggy's lap."

Her father said, "We've been telling her all week that Aunt Peggy and Uncle Harold were coming—you don't mind being called that, I hope?"

"Of course not. It's an honor," we answered.

We turned in at a super-market, and our friend stepped out with a promise to return in a moment. The three of us talked a bit about the schoolhouse in the distance, the statue in the park and the various states represented by the auto license plates in view. My wife had read off several state names, when suddenly Ann asked, "Can Uncle Harold read?" What a blow for me, whose thesis for a university degree was two hundred pages long!

"Yes," said Peggy.

"Oh," said the little girl.

After arriving at the house, meeting Ann's mother and doing a lot of talking about what had happened since we had last visited together eight months ago (Ann had played with me then without any question), the time came for reading a bedtime story to Ann. Since that is one of my cherished activities, I offered to read one to her, but she said, "No, you can't read," and turned to my wife with the book. Story over, she kissed her father and mother good-

night, and then was told to kiss Aunt Peggy and Uncle Harold. Dutifully, she kissed my wife—looked at me, and fled from the room.

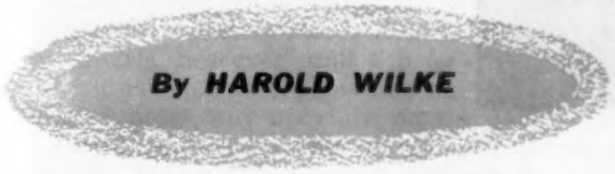
Next day we prepared to go out for some snapshots, and the child said, "It's too bad Uncle Harold can't take pictures, isn't it? If he just had hands, it would be all right." So, on my mettle, I spent over an hour snapping pictures of Ann: In addition to having a good subject, I wanted to keep on showing her how normal a person could be, even without arms.

That night, again urged to kiss us, she came to me last, stepping gingerly, reached out for a quick kiss, said, "I think it is nice that you can do so much, Uncle Harold," and ran out quickly.

"You know, it took a lot of courage for her to do that," said her father.

"But why?" I countered. "It's almost as if I had the plague. Most children don't react to me like that."

"Well," he answered, "we've been telling Ann all week that Uncle Harold was coming, that he doesn't have any arms, but that in spite of it he can still do all the things we do. We said that Uncle Harold had been without arms for a long time, and had learned to use his



feet like hands. It's been hard on her, but we felt we ought to tell her beforehand, because she's been troubled by some of the wounds shown in recent war pictures."

How about the wounded service man returning to his home? If this child could have acquired an unhealthy feeling out of just an uncle visiting the home, what will happen to the child of a wounded veteran?

When the soldier who has been wounded or disabled returns to his family, he will find there not only a wife to whom he must readjust himself but also children who may have forgotten that they ever had a father. Will this strange new man seem like a daddy to them? Even the perfectly healthy and whole man will find some reaction to strangeness. And if the man has been disabled either physically or mentally, there will be new adjustments which the children most certainly must make.

What are the best ways of preparing a child for this emotional shock? Which way provides the maximum safety for the mind of the child and the least hurt to the feelings of the service man? What steps can you take when you have decided how you are going to do it? Out of oft-repeated experiences similar to those which the disabled soldier will face, I can suggest some ways of meeting the situation.

The chief methods, of course, are only two: some amount of explanation in advance of the father's return, or none at all. Each of the two methods has some good, and each some dangers. One method may fit one type of disability or one type of personality better than the other. In each instance the method used should be the one better suited to the circumstances, in the judgment of parent or social worker. One might also check with a physician or minister.

But this will be just a choice of method. The *manner* of interpreting or not interpreting is even more important, for this reflects the emotional health of the person doing the job. Some parents think much interpretation and guidance is necessary. Some will use just a little, and others will prefer none at all.

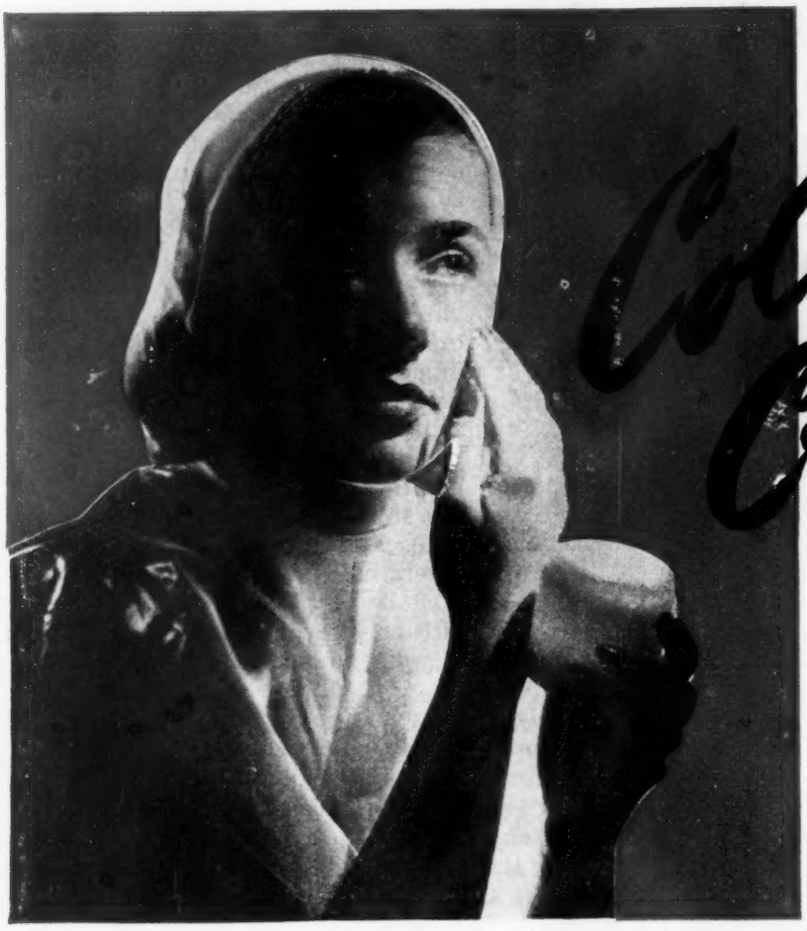
There is a story of a modern young mother who decided that when her child asked about life, she was going to get told about life; none of this fobbing off with the bees and flowers! Finally the day came; the little girl came running into the house and asked, "Mummy, where did I come from?" Taking the child on her knee, this modern mother spoke at considerable length on the facts of life. The little girl was interested at first, finally grew restive and said at the end, "Oh, well, I just wanted to know. There's a new girl in the block, and she says that she came from Philadelphia."

Answer only the immediate questions. Don't go into long and involved explanations. Usually they are an evidence of your desire not to help the other, but to convince yourself. Children are quick to see through this, and the interpretation of the wounded man to his child will have failed.

A careful statement to the child should (1) explain approximately what is wrong, (2) tell why or how it happened, (3) explain how the father feels about it, and (4) give evidence of your own acceptance of it. The interpretation might well be given over a period of several days or weeks.

In some cases, a game may be made out of the situation, particularly in the case of more horrifying wounds. Many British parents, for example, put on their gas masks to play with the children, long before the blitz began, in order to accustom the children to the queer and grotesque faces that gas masks give. Similarly, one can make a game of the bandages that Daddy will be wearing, or of the way he has to walk, or of the way his swollen arm will look.

The disadvantage of either of the first two methods is that the *(Continued on page 872)*



Cold Cream

By
HERMAN GOODMAN

The same cold cream formula has been in use continuously since the days when cold cream was used as a substitute for soap and water

HISTORICALLY, the cold cream formula in common use today has persisted for some two thousand years. The original formula has been modified but little. Under the name "Ointment of Rose Water," the United States Pharmacopeia offers a mixture of oils and water bound together physically by their natural binding qualities.

The common term cold cream is not precisely synonymous with the official ointment of rose water. For many years, substitutes for official ointment of rose water have been made and sold under the name "cold cream." Your pharmacist, on order or prescription from a physician designating official ointment of rose water, dispenses the ancient galenical formula; the term galenical comes from the name of the man, Galen, who collected the medical, pharmaceutical and cosmetic knowledge of his time, in the first half century of the Christian era.

The nonofficial cold cream consists of fat and fatlike products bound with water through physical or chemical means. The particular choice of oils, greases and waxes is determined by the melting point desired for the finished product. The amount of water present in a cold cream is determined by the nature of the binder material. The water may be perfumed by the addition of synthetic oils or through the use of natural flower waters.

As its name implies, the official ointment of rose water was made with fluid prepared from rose petals. Conventional cold cream is brilliant white. It is solid in the jar or tube. It has perceptible consistency and spreads easily. Cold cream leaves a film on the skin area to which it is applied. Ideally, the odor

should be pleasant but not too obvious. Cold cream should not separate on standing; it should remain solid at the temperatures of the places where it is offered for sale or where it is applied.

Cold cream was necessary in early times because soap and water were not generally available or generally useful. Bathing facilities were lacking in the capitols of Europe and the Near East. Cold cream offered an application for the removal of superficial grime and a vehicle for pleasant odors to disguise or cover less pleasant ones. Cold cream, too, was easily transported to districts where there was no water fit for bathing purposes.

The name cold cream tells the basis for cold cream application. Pat cold cream on the skin surface, and a sensation of coolness follows immediately. The sensation of coolness comes from the loss of heat by way of evaporation of the fluid in the cream mixture. The solid and semisolid ingredients such as fats and fatlike materials, vegetable oil, animal fat and waxes are so organized in cold cream as to remain over the skin surface. The presence of a film of these modified solid and semisolid materials has led to many misconceptions. For example, the wax content of conventional cold cream has been emphasized. Many people are of the opinion that the wax leads to "blockage of the pores." It is acknowledged by experts, however, that the wax content of most finished cold creams has no tendency to plug or block any aperture on the surface of the skin. The oils utilized in official cold cream and its better commercial counterparts are likewise modified by the process of preparation to render them harmless as plugging agents.

Some substitutes for cold cream include large proportions of mineral oils or mineral waxes. Of course the original formula of Galen did not include these recent ingredients. However, on the basis of this modern commercial practice another rumor has been circulated naming the mineral oils or mineral waxes, better known as paraffin, as the cause of damage to skin apertures. Actually, however, substitutes for fat and fatlike materials formerly utilized in the manufacture of cold cream have become rare or high in price. Furthermore, modern skill and ingenuity have produced substitutes for these ingredients of cold cream; instead of the oils formerly included in the formula, counterparts lower in price are substituted. The finished product, at a moderate or even low price, usually has all the benefits of the original and remains free of any possibility of damage to the skin.

The present Food, Drug, and Cosmetic Law offers the consumer new safeguards. Federal, state and city laws offer supervision of the raw materials, the place of manufacture, the mode of distribution, the claims by the advertiser and the ultimate purity of the finished product.

Cold cream is no longer alone on the shelf of the cosmetician or pharmacist. When galenical or official cold cream had no competition it was first in the affections of women who sought cosmetic aid. But today cleansing cream in one or another form has supplanted cold cream in popularity. An all-purpose cream has been offered too, which claims to give the effect of cold cream and cleansing cream, among others, from the same jar or tube. In everyday experience, such an all-purpose cream may have a cooling effect, it may act to cleanse the surface of the skin, and it may leave a film of modified fat products on the surface of application.

One widespread misconception is that cold cream tends to grow hair, but it is obvious, of course, that if cold cream did grow hair every bald man would be rubbing it on his pate. Cold cream does not grow hair; cold cream does not tend to grow hair; cold cream can in no way foster the growth of hair.

Another widespread misconception is that satisfactory cold cream can be made in the kitchen. It is true that formulas for cold cream are easily available. The one in the official Pharmacopeia may be procured in any library. Hundreds of other formulas or recipes may be found in beauty books, cook books, and in women's pages of magazines and newspapers. Some people even give formulas for cold cream and other cosmetic products over the radio.

But is it feasible or worth while to make your own cold cream? Can you save time or money? Can you prepare a satisfactory cold cream by kitchen manufacture? For the most part, the answer to these questions is no. The ingredients mentioned are not easily available in the small quantities necessary for most recipes. Too, you would have to have on hand some caustic binder—some form of lye, perhaps, or potash. It would be far from safe to have these in the kitchen. Other problems would be added. For instance, the recipe might call for two drops of rose oil. There would be no way for you to choose a sample of rose oil suitable for the product you are trying to prepare. Rose oil by itself is not a descriptive term; there are many types of oil of rose. Oil of rose does not always add a pleasing odor to a cream because of the odors present in the other ingredients.

For the most part, commercial manufacturers of cosmetics—through research, experience and competition—bring you cosmetics, including cold cream, which are more satisfactory, more satisfying and more helpful than any you can hope to make in your own kitchen.

The NEW Venereal Diseases

PERHAPS you are unaware that there are "new" venereal diseases. Syphilis, the killer, and gonorrhea, the crippler, are not the only social plagues that sap the nation's strength.

The evil wrought by syphilis and gonorrhea has been made known in recent years and especially emphasized during the war. You have been told how the sentinels of public health are waging the good fight to control them, and how necessary is your cooperation. You should know that these two venereal diseases are widespread; that they plague and impair the economy and health of a people to an inestimable degree; that they entrap the unwary, the unenlightened and the innocent.

But we should also be just as intelligently aware of three lesser known venereal diseases which are emerging from obscurity—chancroid, lymphogranuloma venereum and granuloma inguinale. They loom large as a problem on the public health horizon, for they are being encountered in certain theaters of war with far greater frequency than was anticipated. When our soldiers and sailors come home, these diseases will return with a few of them and will remain our enemies unless we prepare for their control with knowledge and foresight.

In reality, chancroid, lymphogranuloma venereum and granuloma inguinale are not new venereal diseases. All venereal diseases are old, just as wars, prostitution and poverty are old. The manifestations of these afflictions at various stages simulate one another and resemble the other venereal diseases as well. At times they differ widely in their own manifestations. Throughout the years, marked confusion has attended the attempts to differentiate them.

Only in recent years have these three been recognized as disease entities. But the facts concerning the causal agents, the spread of the diseases and measures for their control and treatment are now fully appreciated. For this reason, the label of the "newer venereal diseases" has been applied. At last, these newer disease entities stand out clearly. Our hard-won knowledge now may be used to study them in their relation one to the other.

They have often been called the minor venereal diseases—not that the afflictions themselves are less grave, but because their comparatively low incidence implies but a minor threat to the health of the public. Accordingly, they have been stamped as lesser evils. They are minor, however, only so far as epidemiology is concerned. A victim of any one of them may be so sorely afflicted and rendered so pitiful by the recalcitrant, progressive and destructive ulcerations that the wretched sufferer and the physician in attendance truly regard them as major venereal diseases.

Chancroid may be a mild, self-limited disease and consequently may go unheeded. The primary ulceration may heal gradually, or it may spread by contact to neighboring parts. Rapidly destructive and gangrenous ulcerations or extensive and persistent ones occur not infrequently. Suppurating abscesses of the groin often accompany the primary sore.

In the vernacular, chancroid disease is called soft sore or soft chancre. Although soft chancre was probably recognized by the Roman, Celsus, it was not until the latter part of the eighteenth century that the hard chancre of syphilis and the soft chancre of chancroid were clearly differentiated by John Hunter of London.

An Italian physician, Ducrey, discovered the causal organism some forty-five years ago. For a long time, however, medical authorities refused to ascribe a specific cause to chancroid. This point is no longer open to dispute, and the bacillus of Ducrey is now recognized as the infectious agent. The disease has been experimentally produced by inoculation of pure cultures of the organism in dozens of volunteer patients by a group of investigators at the University of Georgia School of Medi-

cine. These investigators, working under the auspices of the Office of Scientific Research and Development of the United States government, have shown that the experimental production of the disease may be prevented in 60 per cent of the cases by prophylaxis with a 20 per cent sulfonamide ointment, and in 90 per cent of the cases by the application of a special medication within three hours after inoculation. It has been shown that the oral ingestion of four to five grams of sulfathiazole soon after exposure is 100 per cent prophylactic, or preventive, in effect.

It has been fully established by Batchelor and Lees of England and others in the United States that the sulfonamide drugs are specific in treatment. Until this fact was established there were some thirty to forty different modes of therapy in vogue—proving that none was wholly efficacious. Vigorous local therapy such as cauterization, surgery and caustics resulted frequently in progression of the lesions.

Prostitution is the most important source of chancroidal infection. Until the advent of the war it was a disease of the unenlightened and the common poor. At one time it was met with frequently in seaports and in cities and towns on highways, but was rare in out-of-the-way towns and mountain villages. It followed in the path of traveling circuses, carnival shows, vagabonds of the road and their ilk. With the advent of the "trailer girl" and the camp follower, it has become a disease of the byways as well. It is a disease of the unclean.

An idea as to the incidence of chancroid may be gleaned from an analysis of the statistics of the United States Navy for the typical prewar year of 1929. There were 31 per thousand admissions of chancroid in comparison to 21 per thousand admissions of syphilis. Reports from the British Army, Navy and Air Force indicate that the incidence of chancroid is much higher among the forces stationed abroad—India, China, Egypt, Africa—than at home. Unofficial reports as to the incidence of chancroid in the American forces stationed in the subtropical zones intimate that it is vastly in excess of that of syphilis.

Lymphogranuloma venereum is a virus disease acquired venereally and is characterized by a small, fleeting, initial lesion of which the victim is usually unaware. Subsequently one or many of a variety of manifestations may appear, such as swellings in the groin, inflammation or stricture of the rectum, ulceration and marked swelling of the genitals, or tumor-like growths of the affected parts.

The commonest of these is the swelling in the groin, for which the noncommital term "climatic bubo" has been used, since it was

New only in the sense that until recently they were not considered important nor recognized as separate disease entities, these infections loom as a public health problem because they may be spread by a few men returning from war areas

By CORBETT GREENLEAF

first associated with tropical geography rather than venereal infection.

For almost one hundred years various manifestations of this disease have been described as distinct entities of unknown origin. It was not until 1925 that William Frei of Breslau devised a test that now bears his name and made it possible to link the various and bizarre conditions as one and the same disease. William Frei, dispossessed of his clinic in Germany, died last year in exile in the United States, where he sought and obtained refuge.

The incidence of lymphogranuloma venereum is worldwide, but it is encountered with greater frequency in temperate and tropical climates. The course of the disease varies greatly among patients. The after-effects may be so severe as to result in a life of invalidism. There is no specific cure which may be used in the treatment of the disease, although prolonged courses of sulfonamide therapy have proved efficacious.

Granuloma inguinale is a mildly contagious disease characterized by lesions that resemble "proud flesh." The exuberant granulations progress slowly and gradually extend to involve large areas. The proclivity of the disease for the external genitals has earned it a place in the category of the venereal diseases. The lesions were first described by McLeod, an English physician serving in India some sixty years ago. The causal organism, Donovan bodies, named after the discoverer, are strictly tissue parasites of man.

The disease is seen with great frequency in India, the South Pacific Isles, the semitropics and tropics in general. It is indigenous to the southern part of the United States. Racial immunity and a low *(Continued on page 858)*

SCHOOL HEALTH

A full time school nurse is the first essential. Her preventive work will aid community health

A hot lunch program sponsored by school or parent groups helps to balance the children's diets

THE HEALTH program of the typical school in America today is in a relatively primitive condition. Those of us who are professionally interested in the school curriculum recognize the fact that the majority of schools today have shamefully inadequate teaching programs for health. Fortunately, there is much that parents and parent-teacher organizations can do to remedy this situation.

Outlined here are some of the things that intelligent adults can do to promote better school health programs, the practical, immediately feasible steps that parents and other interested adults can take in an ordinary community.

Demand that your school board employ a graduate nurse for full time work. One nurse in the school can do enough preventive work to release several nurses from civilian duty in homes and hospitals.

All real health classes should be taught by a nurse certificated to teach—not merely by a teacher who studied health teaching. The program, however, should be under the control of the professional administrative officers of the school, who will coordinate it with other school work and studies.

See that the school nurse is supplied with three things: (1) an operating budget or plan of requisitioning; (2) a special room or office; (3) a separate room with cots for temporary patients. This room should have sanitation and hot water facilities. Other details can be jointly determined by the nurse and the administrative staff.

See that the school has a hot lunch program. Even in wartime, some schools are furnishing a balanced, warm noon meal at a cost of 15 cents per child per day. The operation of such a program does several things. It provides the object lesson for study of diet by health classes and classes in home economics. It provides experience in practical health menu planning that should carry over into the homes. It helps to balance the diet for undernourished children. It relieves many parents employed in war work of responsibility for their children's noon meal. It prevents many children from having to go home at noon in stormy and wet weather. It incidentally provides a wholesome opportunity for the development of better eating habits, cleanliness and better table manners.

The expense of food should be provided by the pupils on a food cost basis, or local civic organizations can underwrite the plan. The food cannot properly be paid for from school tax funds. In case some children are too poor to pay for their food, embarrassment and humiliation must be avoided; yet these are the very children who most need the regular, balanced school diet. A good plan is for each child to be supplied, as soon as the school term begins, or as soon as he enrolls, with a lunch ticket that is good for the entire year. His parents are then billed for the cost. When individual parents cannot pay, the local relief agencies may agree to help. But the local Parent Teacher Association or some other community organization should underwrite the entire program to sustain any eventual deficit.

A school health clinic should be inaugurated. The ideal time to begin a school health clinic is in the fall with the opening of school. A day or part of a day should be set aside for the examination of children who enroll and for making out their complete health records to date. The mere recording of data, however, does not constitute a health examination program. School officials should see that parents

PROGRAM

By DOUGLAS E. LAWSON

A school health clinic, including examinations by a physician and follow-up with parents, is needed. Local physicians will cooperate

Adequate lighting in classrooms is important and should be insisted on

are urged to follow the advice of the examining physicians. The publicity program for such examinations and for the necessary follow-up work of securing treatment provides an excellent project for any parent-school organization.

A well organized program of this kind always finds it easy to secure the cooperation of local physicians, dentists and other specialists. But planning is necessary to assure smoothly running machinery for the program. The chief needs are for a room or group of rooms especially provided for the examinations; competent secretarial and clerical help; a systematic scheme worked out in advance for getting the children from their rooms to the examination rooms and back again in orderly fashion and without loss of time to the examiners; clean tables, soap and hot water; a few comfortable seats; plenty of wastebaskets; good lighting and reasonable freedom from noise.

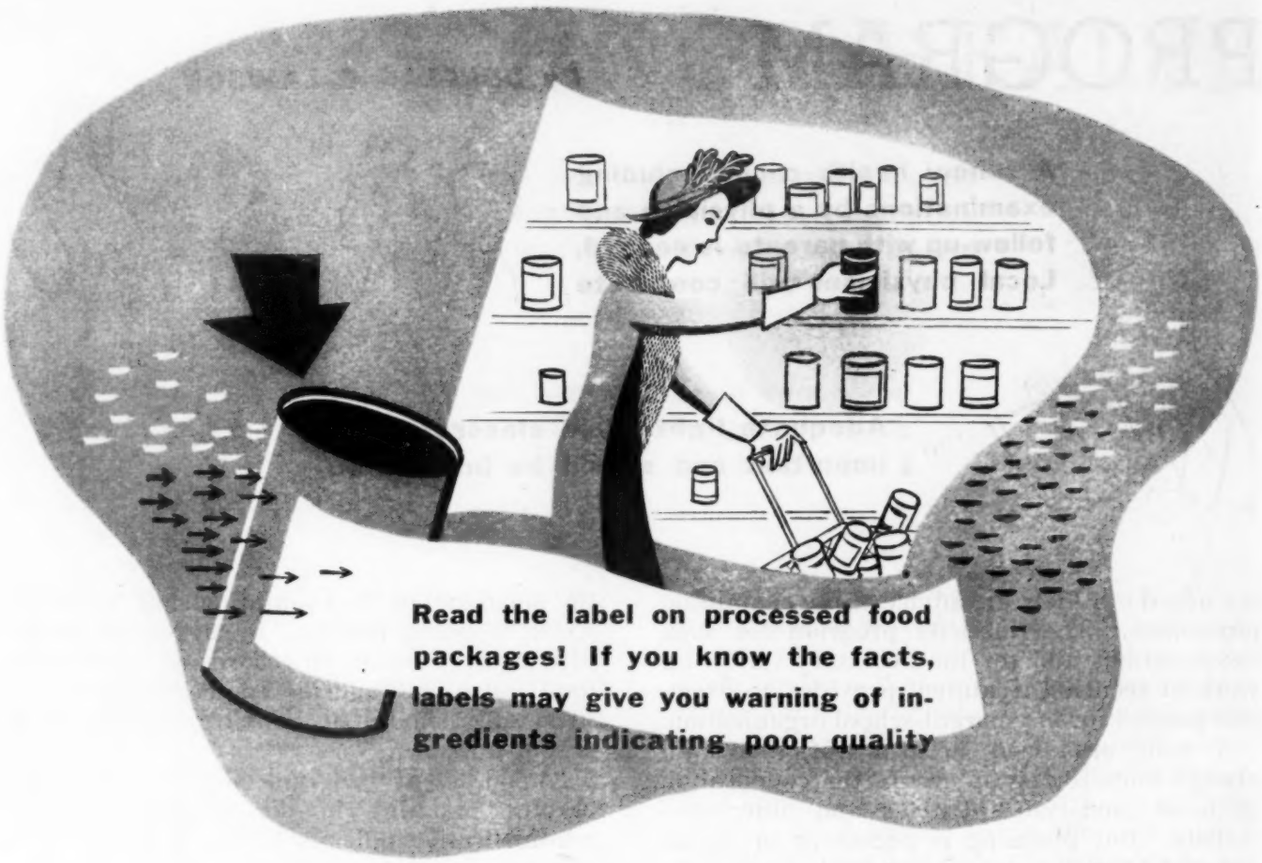
Parents should accompany their children if at all possible. But they should observe only the examinations of their own children. As much privacy should be assured as is consonant with economy of time. Incidentally, to get the attendance of parents at the examination is an essential objective of the publicity program.

It is to be noted that most schoolwide inspections and health examinations are haphazardly planned with no adequate arrangement for their financing. Examining physicians and other specialists should be fully paid for their services. This again is a worthy program to be sponsored by any strong civic or parent-school organization. Finally, good professional ethics requires that two practices be observed. First, if a local medical organization exists, it should be allowed to determine the personnel of the examining staff, unless the work is being handled by a regular school physician. Second, all records of examination data must be considered confidential and preferably should be kept in the files of the school nurse.

A competent program of this kind takes careful planning in consultation with the administrative officials of the school. If the program is to be properly conducted, provision must be made for periodic examinations from year to year. To do the job in a haphazard way, to neglect proper publicity and adequate records, to fail to follow through with intelligent health education, or to expect local physicians to donate their time is to handicap the program with incompetent leadership. Such a program, neither business-like nor professional, is a sad makeshift and a waste of time. Either the program should be handled on a professionally competent and business-like basis or not at all. There seems to be no excuse for either neglecting the program or for putting it on a charity basis. Its cost is minimal, and alert school officials and board members will gladly support a worth while program of this kind.

The program should also include a systematic plan for immunizations and vaccinations. Details of this plan should be left with the school administration and local health authorities in order to integrate it best with the total health examination program. But any community organization sponsoring the program should insist that the provisions for immunizations be included.

Supply the school with a health library. The American Medical Association and the National Education Association have jointly published a book, *Health* *(Continued on page 841)*



By EVAN WRIGHT

DID you ever hear of the "Poison Squad"? Did you ever hear of Dr. Harvey Wiley? Millions of young housewives who owe a debt of gratitude to both have never heard of either. The work of Dr. Wiley and his associates resulted in the passage of the federal Food and Drug Act of 1906. This act was the first law giving the consumer of foods any assurance that the foods he bought could reasonably be expected to be free of dangerous chemicals.

Before 1906 it was fairly common practice for foods sold to the public to be preserved with chemical preservatives. Canned meats and fresh meats were commonly preserved by the addition of sulfites, boric acid or borax. Milk was preserved with formaldehyde. Tomato products such as catsup were preserved with benzoic acid, benzoate of soda or salicylic acid. Fruit products were preserved with benzoic acid or its salts or sulfur dioxide. Many types of food were treated with chemicals to keep them from spoiling, to preserve color, to hide the effects of decomposition or to mask poor quality.

In 1903 Dr. Wiley decided it was high time to determine if these chemicals were safe—after they had been fed to the American public for years. He gathered about him a group of healthy young men. He made them agree to eat no food except what he served them at his "boarding house." These young men became known as the "poison squad." To the food of some of these he added the chemicals commonly used as preservatives. Others he fed the same food, but free of added chemicals. In a short time Dr. Wiley was able to show that many of these chemicals produced an undesirable effect on the digestion and health of the consumer. Some of them, he proved, were downright dangerous. This was the contribution of the "poison squad" to the public welfare.

The question of harmfulness is only one part of the chemical preservative problems. Sulfites are used sometimes in meats to make them appear better than they actually are; meats which have turned dark from age may be given the appearance of fresh meat by the addition of a sulfite. Other chemical preserva-

tives are used to prevent the growth of bacteria in foods which have become infected by careless handling under insanitary conditions. The consumer of any food is entitled to have his foods handled in such a manner that they cannot become infected. Certain chemicals are used to give foods an appearance of higher quality. This is especially true of sulfured fruits. The use of chemical preservatives can be a deceptive as well as dangerous practice.

After the Pure Food and Drug Law was passed in 1906, Dr. Wiley, as Chief of the Bureau of Chemistry, started an active campaign to prevent the use of harmful chemicals in foods. Immediately the food manufacturers who had fought desperately against the passage of the bill began a fight to prevent proper administration of the law. Other manufacturers with a sense of civic responsibility announced that their products would not contain any chemical preservatives. One group shouted to the heavens that they were being persecuted and that foods could not be packed without chemicals. At the same time the other group caused some unhappiness among some of the food industries?

Of course, today, we have such modern methods of food preservation that chemicals are unnecessary. We have mechanical refrigeration, we have dehydration and we have excellent canning technics. We have every type of preservation needed to obviate the use of harmful chemicals. *Yet on the shelves of any grocery store in the country you may still find some foods containing sulfur dioxide.* And the meat you buy from the butcher may have *chemicals* added to "embalm" it.

Recently in one of our eastern cities an enterprising person decided it would be profitable to offer ready-peeled potatoes to the restaurants. The difficulty was, of course, that the peeled potatoes became discolored when exposed to the air. It was found that sulfites would prevent this discoloration, so the potatoes were put on the market after having been treated with sodium metabisulfite. An active food control official discovered the practice and put an immediate stop to it.

Embalmed Food

was producing foods without chemical preservatives which outsold the others simply on a quality basis.

The political fires burned brightly about this issue. Finally, at the suggestion of President Theodore Roosevelt, a committee of the country's most eminent scientists, headed by Dr. Ira Remsen of Johns Hopkins University, was appointed to carry on studies on the harmfulness of chemical preservatives. For the most part the results of the work of this Referee Board of Consulting Experts agreed with Dr. Wiley's conclusions. The members of the board, however, expressed the opinion that while considerable amounts of benzoates were harmful, small quantities would not be any serious threat to the health of the consumer. Thus two sets of experiments carried on by scientists of the highest type agreed on the inadvisability of the use of chemical preservatives with the exception of small quantities of benzoates. But was this knowledge used to force the discontinuance of the use of chemicals? It was not! It was stifled. To this day, much of the work lies useless in Washington in reports which were never published. Could it have been that Dr. Wiley's reports and the reports of the Remsen Board might have

Shortly before his death I heard William Allen White say that one of the events which had left a most lasting impression in his mind was the "embalmed beef scandal" of the Spanish-American War. In 1898 General Nelson Miles testified before the Commission on the Conduct of the War; he charged that the fresh and canned beef sold to the army was of poorest quality and that it was evidently preserved with chemicals. Testimony given at hearings to investigate the charges showed that salicylic acid, boric acid and probably sulfites and borax were used to prevent these products from spoiling. The public was outraged at these disclosures. Today our fighting forces eat no meat preserved with these chemicals, yet the Quartermaster Corps has recently issued specifications for dehydrated cabbage which require the addition of sulfites in excessive quantities.

Perhaps more of our foods now contain benzoate of soda than before the time of Dr. Wiley's work. Many types of fruit juices and imitation fruit products are preserved with benzoate. Products which are processed under proper sanitary conditions do not need benzoates to preserve them. *(Continued on page 846)*

BLUEPRINTS For RECOVERY

II. INJURIES TO HIPS, BACK, ABDOMEN, NECK & SHOULDERS

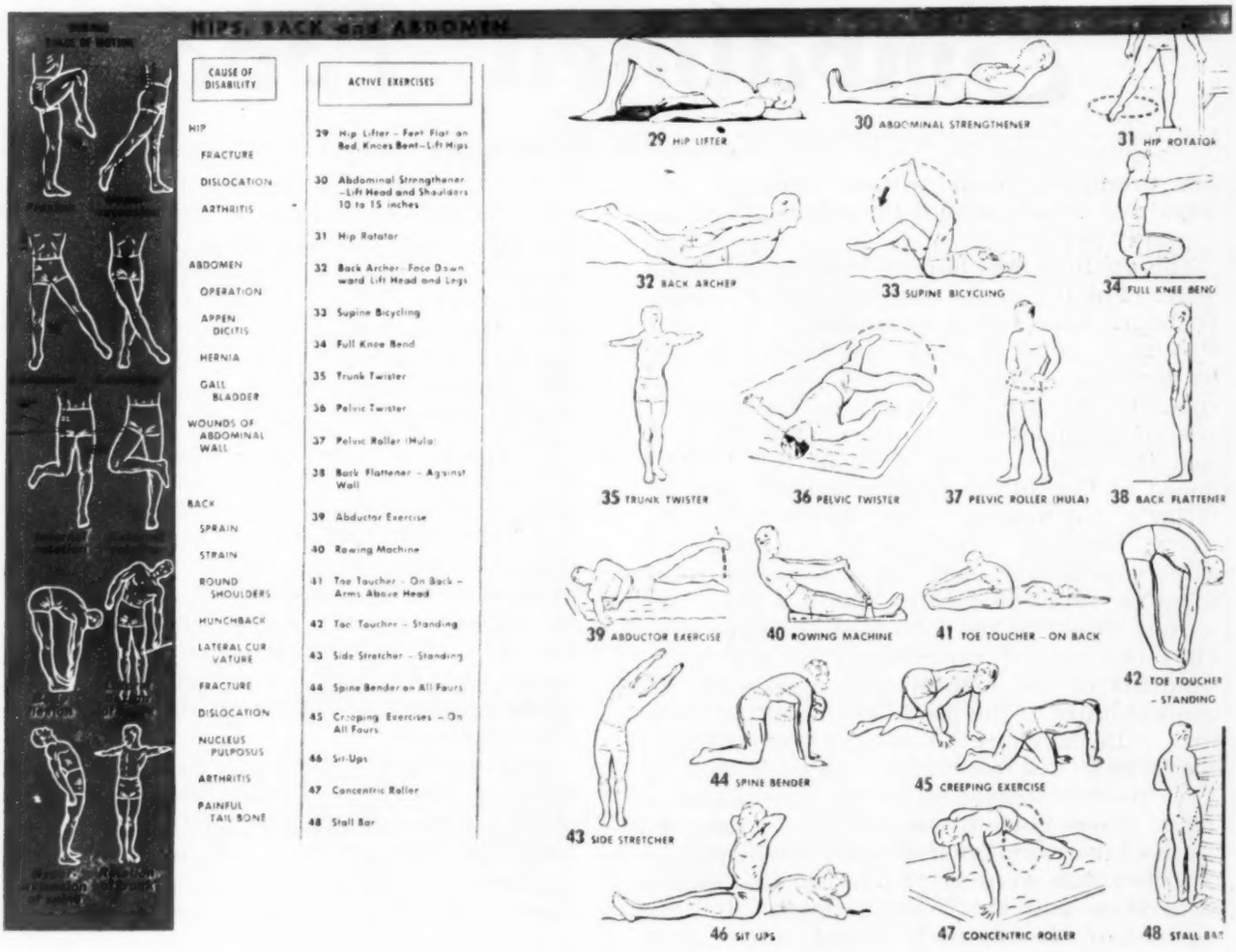
"REGARDLESS of the extent of your disability there is a job waiting in which you can produce," Army Air Forces doctors tell officers and enlisted men who are convalescing from wounds. "But there are three things you have to do before you can start producing again: first, be able to take care of your person; second, be able to move under your own power; and third, develop the maximum use of your muscles and your brain."

These fundamental objectives of convalescent care are laid down in the Handbook of Recovery prepared by the training division of the Army Air Forces for patients coming to Air Forces hospitals.

"Your immediate problem is to get strong," the Handbook continues, "to strengthen weak muscles and ligaments, limber up stiff joints and bring paralyzed muscles back to life. Your job is to rebuild those muscles, even if you have to start from a position flat on your back in bed."

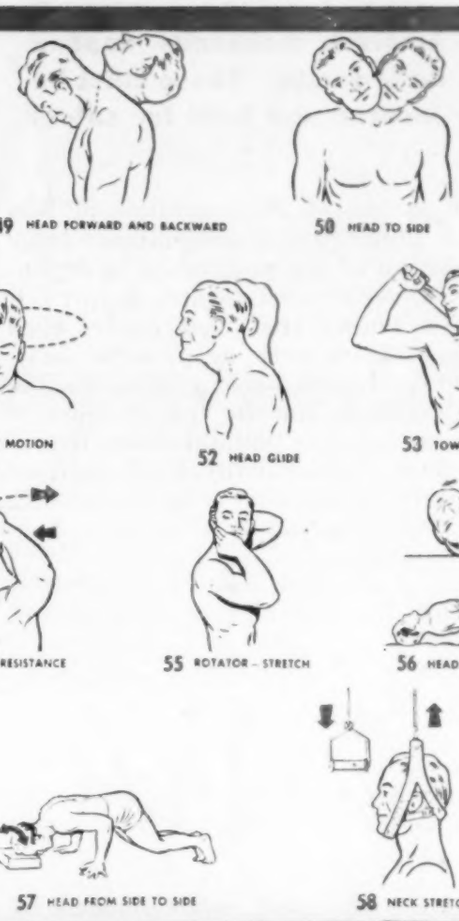
To implement this program of rebuilding weakened muscles and limbering stiffened joints, the Handbook presents a system of rehabilitation exercises, to be carried out under medical supervision, for all the common types of injury involving muscles, ligaments and joints. Because of the interest and importance of the exercise charts included in the Handbook, which also show the normal range of motion for the joints involved, HYGEIA has obtained permission to reprint them for readers who are interested in learning how these parts work and how they can be maintained at top fitness.

—The Editor.



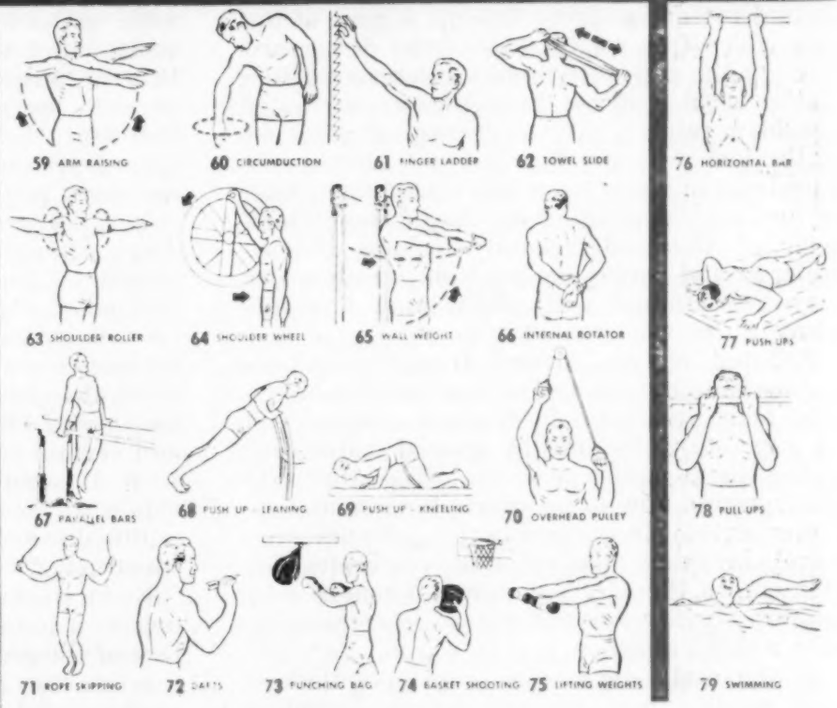
NECK

CAUSE OF DISABILITY	ACTIVE EXERCISES
SPRAIN OF NECK	49 Head Forward and Backward
	50 Head to Side – Right and Left
DISLOCATION	51 Rotary Motion of Head
	52 Head Glide
FRACTURE	53 Roll Head Against Towel Resistance
	54 Head Backward Against Hand Resistance
ARTHRITIS	55 Rotator – Stretch
	56 Lying on Back, Weight on Back of Head – Roll from Side to Side
STIFF NECK	57 Lying Face Down, Weight on Forehead – Roll from Side to Side
	58 Neck Stretcher

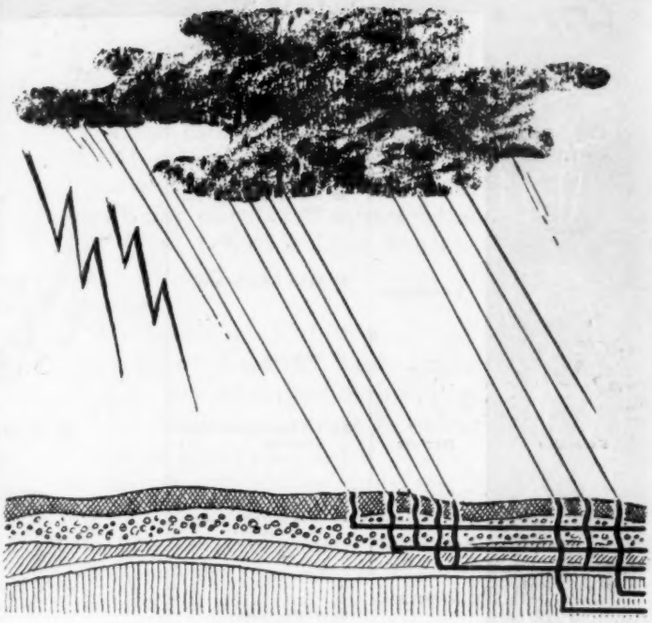


SHOULDER

CAUSE OF DISABILITY	ACTIVE EXERCISES
SPRAIN	59 Arm Raising – Upward or Sideward
	60 Circumduction – Arm Hanging or in Sling
DISLOCATION	61 Climb Finger Ladder – Front or Side
	62 Slide Towel Behind Neck – Side to Side
FRACTURE INTO JOINT	63 Shoulder Roller
	64 Shoulder Wheel – Front and Side
	65 Wall Weight Exercise – Elbows Stiff – Front, Back and Side
FRACTURE BELOW JOINT	66 Internal Rotator
	67 Parallel Bars
	68 Push-Up – Leaning Position
FRACTURE OF COLLAR BONE	69 Push-Up – Kneeling Position
	70 Overhead Pulley Exercise
	71 Rope Skipping
FRACTURE OF SHOULDER BLADE	72 Darts
	73 Punching Bag
	74 Basket Shooting
ARTHRITIS	75 Lifting Weights
	76 Hang from Horizontal Bar
	77 Push-Ups
ACROMIO-CLAVICULAR SEPARATION	78 Pull-Ups
	79 Swimming



In rural America, thousands depend on home drilled wells. These must be correctly located and built for safety



... Safe Well Water

WATER is one of the essentials of life, and in many rural communities a large proportion of the population is dependent on private wells for its water supply. It has long been known that well water—even water obtained from very deep wells—may, under certain conditions, become contaminated and act as a vehicle for the transmission of serious diseases such as typhoid fever, dysentery and cholera. Consequently, it is important that the sanitary precautions to be observed in the location and construction of wells be generally understood.

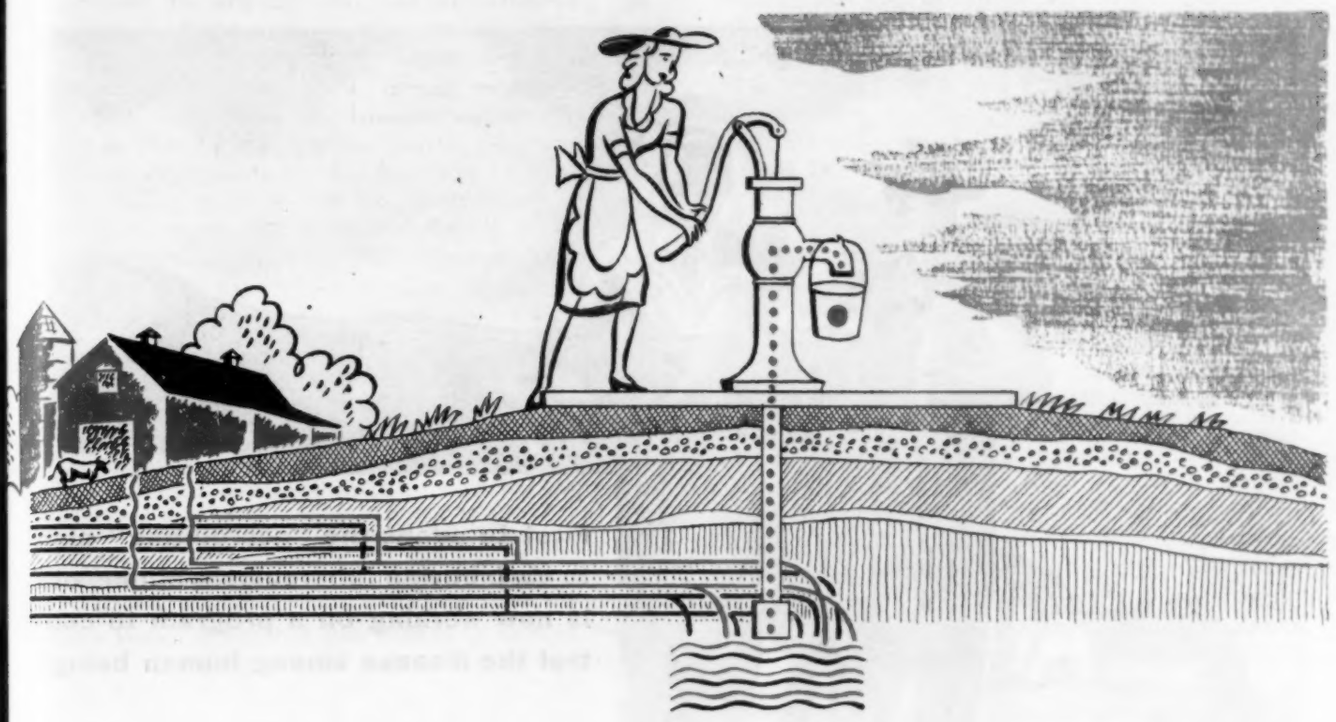
The source of all well water is rain, snow or hail. Clouds from which rain, snow or hail falls are masses of water vapor formed by evaporation from lakes, rivers, oceans, the ground surface and vegetation. A part of the rain which falls on the land seeps downward through the soil until some underground formation is encountered through which the water cannot penetrate. When downward progress of the water is no longer possible, horizontal movement of water takes place, at either a high or low rate, depending on the geologic character of the underground structure. Thus underground water masses from which water may be obtained and which may flow for many miles are created.

Polluted matter, arising from the wastes incidental to human and animal life and industrial activities, may, by various routes, find its way into wells and the ground water supplying them and cause the originally safe underground flow to be unsafe for human use. Under certain circumstances this pollution may travel in these underground reservoirs for many miles, though frequently it is removed by natural purification processes after traveling only a short distance.

In the early days when rural populations were smaller than they are now, the problem of polluted well water was not a universally serious one, since because of the limited population the likelihood of pollution was not great. However, with increasing population, the chance of contaminating ground water supplies increased greatly; many cases of typhoid fever were traced to wells and springs which had in some way become contaminated with sewage. It is not possible to compare conditions today, or even ten or twenty years ago, with those that existed much earlier. Sanitary hazards have been multiplied many times due to the increased population.

It is fortunate that many natural processes are continually at work to prevent contamination of ground water. Chemical, biologic, and physical forces on and beneath the surface of the ground combine to destroy harmful bacteria which would otherwise eventually reach the ground water. Of great importance, too, is the filtering action offered by the soil and certain types of underground formations, such as sand and sandstone. However, the action of these natural forces will be largely nullified unless wells are properly located and constructed.

Reduced to its simplest terms, a well is merely a permanent opening between the surface of the ground and a water-bearing formation in the ground, through which opening underground water may be brought to the surface for use. It would appear that the matter of proper well construction is a comparatively simple one. However, the fact is that to construct a well which will furnish an adequate



By PAUL D. HANEY

supply of safe water requires careful attention to a number of important details. Wells may be classified, according to the method of construction, as dug, drilled or driven wells. The various classes of wells may differ radically in their appearance and method of construction; however, there are certain principles of well location and construction that apply to all.

First, the well should be located properly. Usually several choices, equally good from the standpoint of availability of water, are possible. High, well drained ground should be given preference over low, poorly drained locations, even though this may require more drilling or digging to reach the ground water. For instance, a well located below the drainage from a barnyard or cesspool is poorly located, and the water obtained from it must be viewed with suspicion.

The well should not be located closer than a minimum of fifty feet from any privy vault, septic tank, cesspool, sewer or other possible source of contamination. By locating the well properly full advantage is taken of the natural filtration provided by the soil; a poor location greatly increases the chance of contaminated surface or shallow ground water entering the well and nullifies the natural filtration action of the soil. Particularly when water wells are shallow, the use of cesspools of any kind as a means of sewage disposal is not recommended. Another extremely hazardous condition is created when an abandoned well is used as a cesspool. Sewage entering the abandoned well flows directly to the water bearing formation with no chance for any natural purification. Many epidemics of disease have been traced to the misuse of abandoned wells as cesspools. Public health authorities long ago recognized this hazard and ruled against the use of abandoned wells as cesspools. When a well is to be abandoned it should be disinfected, as much as possible of the walls or casing should be removed, and the well then should be filled with cement, concrete or puddled clay.

In order to prevent entrance of contaminated water, the walls of a new well should be watertight to a depth of at least ten to twenty feet. One often sees wells, especially dug wells, which are subject to contamination by shallow, impure ground water or surface water seeping through the sides. Dug wells are frequently found to have walls of stone without mortar joints. Often, on inspecting such wells, it is found that tree roots have grown between the stones, pushing them out of place and opening large holes in the wall through which burrowing animals may get into the well and through which contaminated water may enter.

In the case of drilled wells, adequate well casing should be provided for protection against contamination, but the casing will not give much protection unless it is properly constructed. *(Continued on page 875)*

First to adopt the "accrediting" plan to curb bovine tuberculosis, Minnesota is now working on a program to control the disease among human beings

TUBERCULOSIS

By E. A. MEYERDING

MINNESOTA—where the Mississippi, the biggest river in the United States, has its source—is the "Land of Ten Thousand Lakes." Furthermore, Lake Superior brings its waters up amid the pine and fir clad hills and the picturesquely rugged scenery of northeastern Minnesota. On the western border of the state the Red River Valley country is a rich farming area.

This was the kind of wilderness paradise to attract people of Scandinavian origin, and, around 1880, thousands of them poured into northern Minnesota as settlers. Finnish, Polish, Bohemian and Slovakian settlers came also, but not in such great numbers. For all of them it was a land of promise from an agricultural standpoint, and also they foresaw the future day when its ore mines, lumber camps, commercial fishing and shipyards would enable them to make a living in occupations familiar to them.

Many settlers who came to Minnesota in those days had tuberculosis. Some were hopeful that the Minnesota climate might help them to regain their health, while others stoically accepted the disease as inherited and practically a death sentence. Dr. Robert Koch's discovery of the tuberculosis germ in far-off Germany in 1882 still left it to the dim future to convince people that this age-old plague could be wiped out.

Southern Minnesota, with its somewhat milder climate, appealed principally to German farmers and their families, and it has developed into a prosperous farm and dairy country. Northern Minnesota is still frontier in a sense, despite the fact that in the past twenty-five years modernization has followed the building of good roads, the use of motor vehicles, the extension of telephone lines and the expansion of radio facilities.

Many of Minnesota's early settlers were physically below par and financially at a low ebb. The hardships they suffered in pioneer days gave contagious disease the opportunity to spread widely. "Consumption" was wiping out whole families in Minnesota. The small, low ceilinged dwellings of the pioneering period, with windows and doors tightly closed against northern Minnesota's wintry blasts and blizzards, were favorable to the spread of the disease from one member of a family to another.

In the last half century, Minnesota has come

forward to attract national attention by its forthright fight against tuberculosis. The second state in the union to adopt a state sanatorium system, its score in the ratio of beds in state institutions to tuberculosis deaths surpasses that of most other states. A campaign for a state institution for the care of consumptive poor put on at the beginning of the twentieth century was successful. A state sanatorium was opened in 1907. In the same year tuberculosis was classed as a communicable disease and reporting of cases was made compulsory.

The Minnesota Public Health Association, the state Christmas Seal organization, was a year old then and beginning its work of health education. Its early educational campaigns warned that careless spitting and flies spread tuberculosis germs as well as those of other diseases. Special effort was put forth, utilizing health exhibits, health films, literature and speakers, to convince the public that tuberculosis is not inherited but that it is spread by a germ. Cooperation of schools was obtained

CONTROL

for health programs, health inspection surveys and clinics. Funds were used to demonstrate the value of public health nurses and school nurses. Tuberculin testing surveys and x-ray programs were conducted. The cooperation of physicians and about forty organizations and agencies in the state was secured to help bring Minnesota's tuberculosis death rate down from 103.0 per 100,000 of population in 1907 to 25.5 in 1942.

Minnesota in 1914 was the first state in the union to adopt the "accredited herd" plan for control of bovine tuberculosis. By 1934, the state was officially designated as a tuberculosis-free area as far as bovine tuberculosis was concerned.

Minnesota is now at work on an accreditation plan for control of tuberculosis in human beings. The plan originated with the tuberculosis committee of the Minnesota State Medical Association, the members of which are also members of the Minnesota Public Health Association. A certificate of accreditation is presented by the State Board of Health and the Minnesota State Medical Association when counties meet the accreditation requirements for tuberculosis control. The plan calls for tuberculosis control on a county area basis similar to the area plan veterinarians worked out and put into operation in 1914 in the bovine tuberculosis control project.

Minnesota is the first state in the union to have such a project for tuberculosis control in human beings. To qualify for accreditation, counties are required to have an average death rate of less than 10 per 100,000, and less than 15 per cent of positive reactors among high school seniors, based on a recent tuberculin testing survey. Tuberculosis death rates in Minnesota counties ranged from 68 per 100,000 down to 5.5 when the project was launched in 1940. By the end of 1943 eight counties in southern Minnesota had won accreditation and three others in the same section were close to the goal.

Nothing in the thirty-seven years of educational war against tuberculosis waged relentlessly since the first Christmas Seal sale was held awakened the people of Minnesota to the tuberculosis situation as did a map published in 1942 showing the county tuberculosis death rate. The upper half of the shaded map was black, indicating tuberculosis death rates above 36 per 100,000 in northern counties. A caption on the map queried "Where does your county stand?" An accompanying list grouped counties according to their tuberculosis death rates, a report from the State Department of Health for the four year period 1936-1940 having made this material available.

In 1943 two maps were printed; the first one was repeated and a later one showed county rates for the period 1938-1942. These maps told an attention-arresting story in black and white. The first map had shown seventeen black counties, the second only seven—all of them in the northern half of the state. The southern part of the state had been swept clean of black counties and had a total of eleven white ones. The maps made it plain that scores of counties had climbed remarkably in the direction of accreditation in the two year period between 1940 and 1942.

Indians have a high tuberculosis death rate as compared with white people, and it had been assumed that the high tuberculosis rates in certain counties were attributable to the Indians living in the counties. Actually, however, Minnesota has only 12,528 Indians out of a total population of 2,792,300. A comparison of county death rates including and excluding Indians showed that only in five counties were the Indian deaths responsible for unusually high rates.

St. Louis county, which includes the city of Duluth at the head of the Great Lakes, is the largest county in the state from an area standpoint. St. Louis was one of the black counties in both maps, and it showed up prominently because of its size. The *(Continued on page 860)*

Somewhere in England: Waiting for the Liberators to return from a bombing mission over Europe. The flight surgeon's forces are mobilized for action

FLIGHT SURGEON

An Eighth AAF Liberator Station—England:

THIS STORY might well be termed, "It shouldn't happen to a Doc." Instead, it is a thumbnail picture of the least publicized phase of the men in white who are "sweating it out" with the men on the line in the Eighth Air Force in England.

The locale is a Liberator Station, but the personalities and incidents are daily occurrences at Fortress and Fighter stations too.

"Sir, there is a briefing in a half hour." The flight surgeon stretched, rubbed his eyes and turned on his dashlights. Four o'clock—what a time for a war! He got out of bed, cursing the night orderly who had awakened him, Hitler, the Luftwaffe, and the Eighth Air Force.

A few minutes later, he and one of his colleagues had some coffee in the sick quarters kitchen and set out for the briefings on the day's mission; one doctor to the officers' briefing and one to the gunners'.

"Target for today—Frankfort—time of takeoff, 0705 hours—route in—flak—enemy fighters—Lightning, Thunderbolt, Spitfire fighter support—" The operations and intelligence officers were carefully detailing the proposed attack. The doctor had not planned any remarks at this briefing, so he stood at the back of the room, absorbing the unfolding story with the crew members. Looked like a fairly rough ride today. Except for the hacking coughs scattered throughout the room, coughs that resisted all his efforts, he knew the crews were in good shape and ready to go. There was little or no evidence of nervousness or tension, but he knew it was there. A navigator gave the time signal for the coordination of watches, and the crews filed out into the blackness of the early morning to go to their ships.

The doctor went back to sick quarters, informed the ambulance dispatcher of the time of takeoff and had some breakfast.

DOWN at the control tower, "sweating out" the takeoff, the doctor counted thirty ships leaving the field to blast the Frankfort target.

Back at sick quarters after takeoff, he found the day's routine well under way. The three other squadron surgeons were busy with about thirty sick call patients. His sergeant handed him the list of the eight men from his squadron, with their medical records. Sgt. Hanson is back for another athlete's foot treatment. O'Reilly has a cold. So have McLaughlin, Peterson and Jordan. Duan's boils are returning. Fisher's back is bothering him again and Lt. Allen, who flew yesterday with a rather bad cold, is now complaining of his right ear.

Flight surgeons provide care for minor injuries at station sick quarters. Seriously ill and injured men are removed to the station hospital

Physical and mental well-being of his men are the flight surgeon's responsibility. Periodic examinations include dental checkup and repair

ON DUTY

IT is 0945. "Q-Queenie had to abort, Sir. She just landed. The navigator is sick." Bill Williams, Q-Queenie's navigator, had developed a severe headache as the ship climbed. He'd had trouble with his sinuses before. He knew what the trouble was. His head felt better now that he was on the ground again. "I don't have to be grounded again, do I Doc?" Bill knew the answer before he asked the question.

"Four or five days' treatment on the ground and we may be able to try again, Bill."

Twenty minutes before the estimated time of the mission's return, four medical officers with four ambulances and their enlisted crews were waiting at the far end of the East-West runway.

"No business for us on the last two raids. I hope they're as lucky today." Doc overheard the remark and absent-mindedly crossed his fingers.

"HERE they come!" Eighteen ships. Probably just the first section. Each crew waved as it passed down the runway past the ambulances. All OK aboard N, P, O, S, C, F. An orderly checked them off his list as the ships taxied by.

"There come the rest!" Eleven ships approached the field from the northwest. Soon the large, indentifying letter came into view on the tails of the ships in the approaching formation.

"It's our gang, all right, and they're all there unless they picked up a straggler from another group." No ship broke away from the section to head for another base.

The ambulance radio picked up a call, "wounded man aboard D-Dog, coming in to land ahead of the formation. Over." "Ambulance to tower. Roger," acknowledged the call.

SGT. Dick Torrance, D-Dog's left waist gunner, had picked up a chunk of flak in his left thigh. He had bled a little but had been well taken care of by his partner in the waist and was comfortable and in good shape. Joe Wells, the other waist gunner, had slit Torrance's clothing, exposed the wound, applied a Carlisle dressing and a tourniquet over the femoral artery. He had made his patient comfortable between some blankets on the floor. He had given him some extra oxygen. Torrance had not seemed to be in great pain, so the contents of the morphine syrette were withheld. No sulfa drugs were used because the hospital was treating battle casualties with penicillin.

"How is he, Doc? Did I forget anything? I couldn't get to him until twenty minutes after we left the target. Them Jerry fighters was making passes at us. Our Lightnings pretty well took care of them, though."

"He's OK, Sergeant, and you get the credit."

Injured flier at station hospital is visited by men in his squadron. Surgeons take pride in the high percentage of injured who return to duty

As they passed Torrance out of the waist window on a litter, Doc thought to himself, "No job I do here pays bigger dividends than teaching these guys first aid." The boys had done remarkably well in handling the casualties from flak, 20MM cannon fragments and 30 caliber machine gun bullets on their way home from their various targets in the past six months. The group's first aid teaching policy of "Don't teach them too much, but teach them the fundamentals thoroughly" was proving a satisfying sound practice.

The ambulance took Torrance to the sick quarters, where an emergency team was alerted to give him further treatment. D-Dog taxied on to her hard stand.

"Tower to ambulance! Stand by for crash landing! B-Baker is coming in with no aileron control and can't get her left wheel down or her right wheel back up! Over." "Ambulance to tower! Roger."

Charley MacLean was flying B-Baker. He'd put her down all right. No one spoke as the big Liberator slowly settled toward the runway with her one wheel hanging from her wing. Down—down she came until her right wheel touched. The crash truck and ambulances were already under way. B-Baker's left wing dropped, lacking the support of a wheel on that side. When her wing tip touched, she spun violently around to the left, her belly struck the runway, striking a brilliant stream of sparks as she skidded toward the grass.

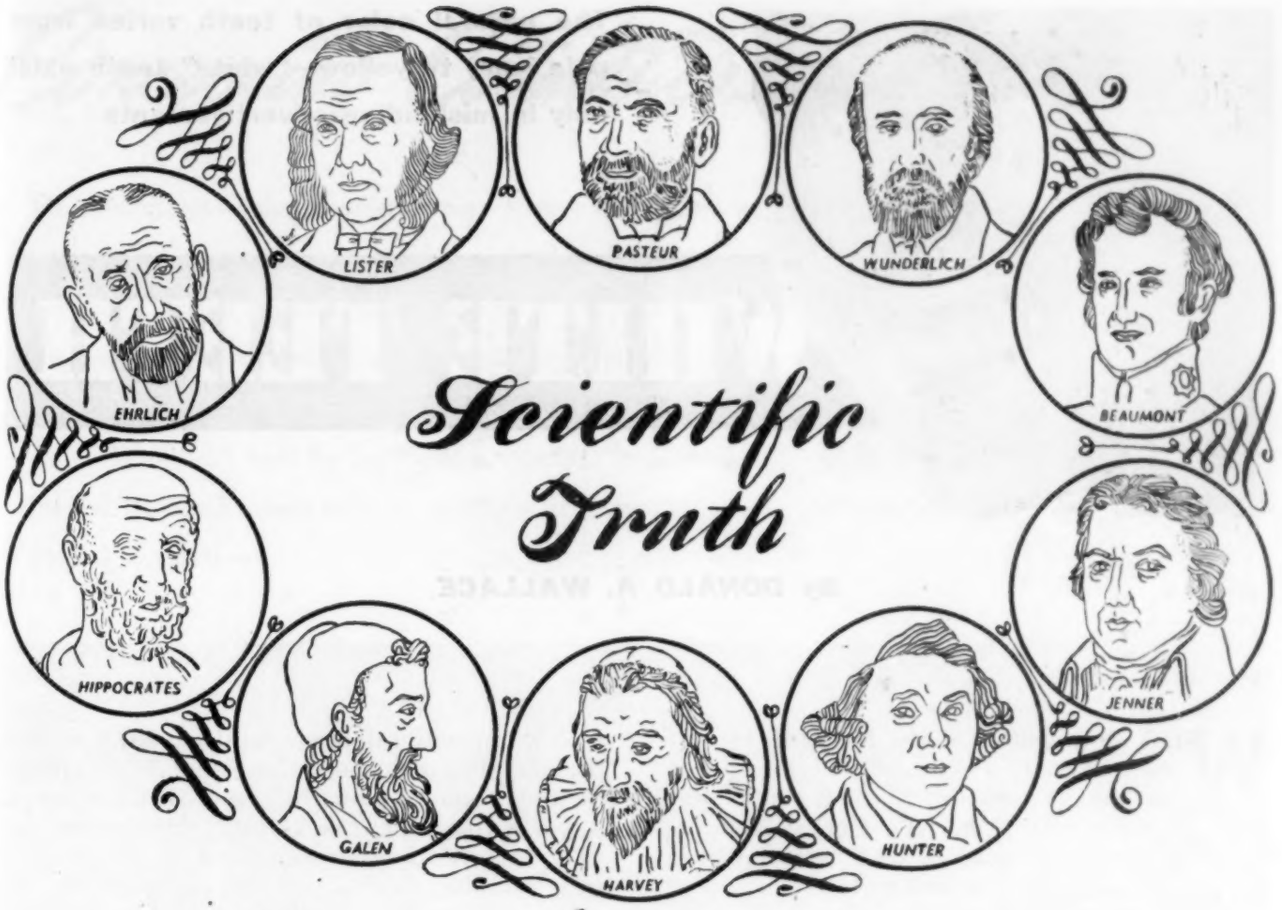
"Would she burn?" That was the question uppermost in every one's mind. B-Baker came to a twisted halt, having spun completely around, and headed back toward the runway.

"Thank God! No fire!" The crew hopped out of the ship, understandably excited, but unhurt.

The remaining ships landed and taxied to their hard stands, and the medics returned to the sick quarters, another mission sweated through.

Torrance's wound was redressed, and he was receiving his sec- *(Continued on page 840)*

Flight surgeons must always be ready for emergency operations to aid victims of enemy gunfire



By JOHN O. McREYNOLDS

IN the effort to bring dependable and helpful scientific knowledge to all the people of our country, it is important to emphasize certain fundamental facts about the modern art of healing that may not always be fully understood or appreciated.

First of all, it must be made apparent that the great humanitarian purposes of the medical profession require that the public welfare should not be throttled with the building up of secret stores of information for selfish gain. The accepted rule of medical ethics is that the entire realm of scientific truth shall be made known to the world as soon as the essential procedures have been perfected. A delay is sometimes necessary to insure safety in application and freedom from unwarranted claims that would be misleading to the profession and harmful to the public. For example, insulin, which is perhaps the greatest discovery of this generation, was not presented to the general public until the refinements of its manufacture and the knowledge of its administration were sufficiently developed to make it safe for the people and efficient in the highest degree. By virtue of the cautious control of this marvelous contribution to science, millions of people are living today who could not otherwise have survived; it was quite judicious to withhold the new discovery temporarily until it had reached perfection. It is a different matter, however, for mercenary individuals to claim to possess secret formulas which they are unwilling to share. The general public should therefore be warned not to listen with credulity to the whispers of fancy or the siren songs of charlatans who claim to have secret supernatural powers, or to promises of the magic influence of false philosophies of healing.

Truth is always awaiting with cordial welcome every honest effort to bring to light any hidden treasures that would be helpful to mankind. Everything of real value is able to stand the test of impartial trial in the forum of the widest and most intelligent human experience. In this connection it is well to keep in mind the warning words of Lord Bacon, "Many times in matters of religion and medicine a wise man may follow a fool." Many of us have that strange human *(Continued on page 878)*

The natural color of teeth varies from pale ivory to yellow—"white" teeth exist only in misleading advertisements

WHITE TEETH

By DONALD A. WALLACE

WHO said teeth should be white? Not your dentist. "Who wants white teeth, anyway?" asks the Council on Dental Therapeutics of the American Dental Association. The natural color of teeth is not white, except perhaps to the imaginative or uninformed writer of advertising copy; rather, it varies from pale ivory to a more or less pronounced yellowish hue.

As for stains—there are many variables involved in the formation of stains on teeth. Some stains are not on the teeth, but *in* the teeth. For example, the stain which occurs in some cases of mottled enamel does not lie on the surface but is present within the tooth structure. "What, then," asks the Council "of magic fluids and dentifrices which are purported to remove stains almost, if not quite, instantaneously?" Examination of several such magic fluids in the ADA Bureau of Chemistry indicated that they depended for their action on such things as hydrochloric acid, citric acid and sulfuric acid. "No one," says the Council, "would think of cleaning his teeth with ordinary battery acid, for battery acid is sulfuric acid. The use of such materials in the hands of the laity is definitely dangerous."

The Council on Dental Therapeutics has been conducting for fourteen years a vigilant crusade for public health. Established by the American Dental Association in 1930 to assist in the protection of the public from fraud and imposition, the Council operates to prevent unscrupulous manufacturers from foisting products on the public which may not only fail to fulfil extravagant promises, but may also work actual damage on the teeth and oral tissues. For example, the Council is vigilant in the exposure of the manufacturer of a mouthwash which is falsely represented as able to kill innumerable virulent organisms. It is equally vigilant in the exposure of the manufacturer of a dentifrice which may actually wear away the surface of the tooth enamel by its too abrasive contents.

Composed of twelve members chosen by the American Dental Association on the basis of character and ability in their respective fields of biophysics, chemistry, bacteriology, medicine and dentistry, the Council operates in conjunction with a well equipped chemical laboratory in the ADA Bureau of Chemistry. None of the members receives financial remuneration for his services. A full-time secretary and staff are employed by the Council.

The work of the Council consists mainly of two activities. The first involves constructive criticism of dental products so that those which best meet the needs of the profession and the public may be brought to the attention of the consumer. Thus consumers may have complete knowledge of the properties and actions of these products. The second type of activity may be designated as criticism of products and methods of promotion which are harmful to the welfare of the public and the profession.

Public health depends on public enlightenment regarding not only what to believe, but in whom to believe. The public is "science conscious" and for that *(Continued on page 850)*

Concerning Cosmetics... and Allergies

Physicians know that cosmetics may have a significant relation to problems of allergy and sensitization. It is therefore pertinent for the medical profession to know that Richard Hudnut beauty preparations are scientifically hypo-allergenic. These preparations are formulated solely from substances which laboratory tests by the Hudnut Institute for Dermatological Research prove to be least likely to arouse unfavorable skin reactions.

A free booklet on cosmetic allergies is available to the medical profession. Write: Professional Service Division, Richard Hudnut, 113 W. 18th St., New York 11, N. Y.

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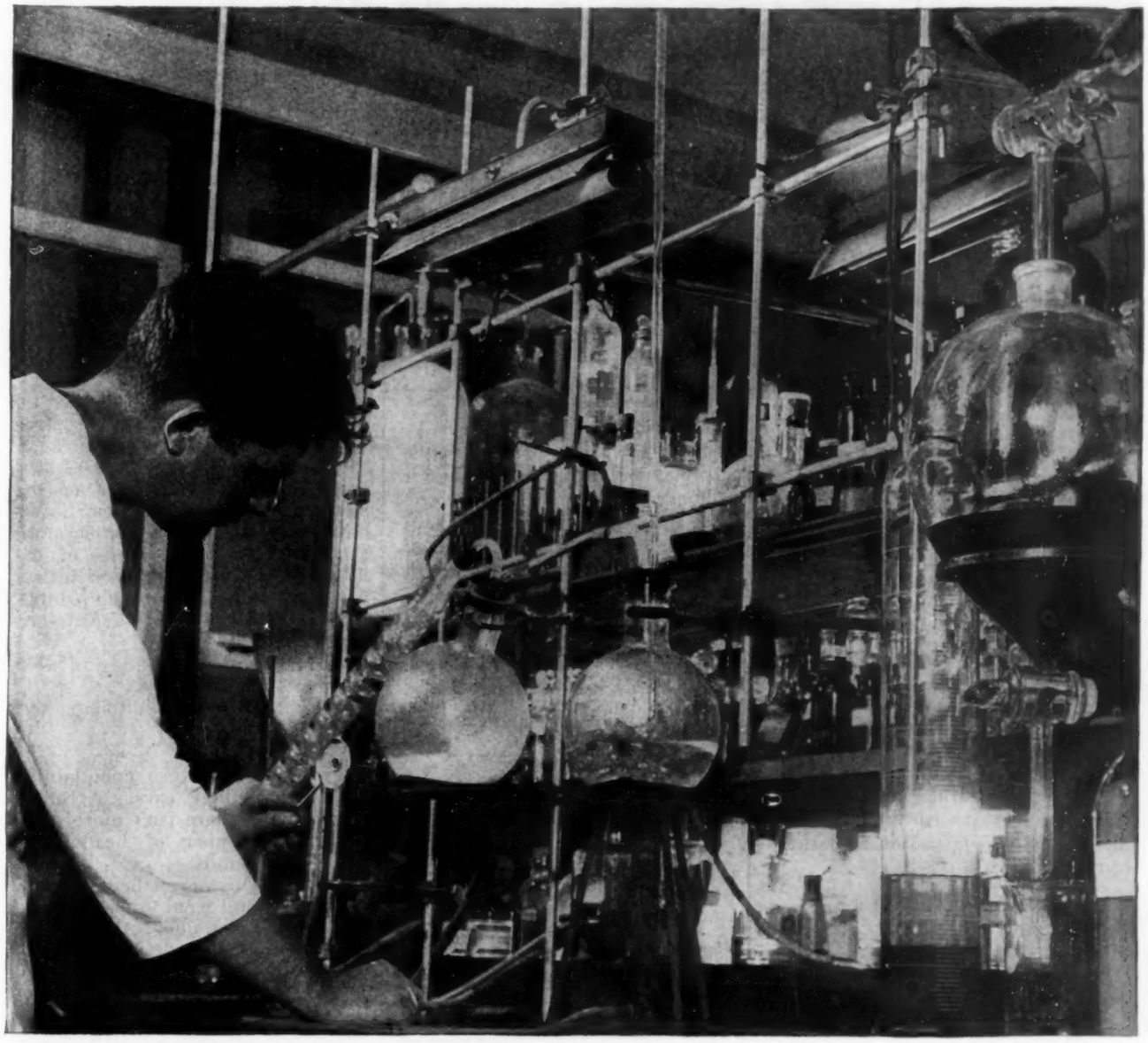

"HEART DISEASE
. . . but I've never been sick in my life!"

Why should heart disease strike a woman of health and vitality?

Well, the doctor explained, you know how age affects your face and hands and hair. Over the years, your heart grows older, too, so that it may be less able to meet the demands of strenuous living. Unless you learn to know and live within the capacities of your heart, you *may* risk serious coronary heart disease even in the very prime of life.

Just what is coronary heart disease?

Coronary heart disease means that the walls of the coronary arteries—the arteries feeding the heart muscle—have hardened up a bit, become thicker, and have lost some of their elasticity. As a result, the heart muscle receives less blood and thus less food and oxygen. Naturally, if you then make excessive demands on your heart, you're inviting trouble.

Coronary heart disease is the most common form among women past forty. Even at younger ages you should watch for such possible warning symptoms as excessive fatigue, shortness of breath, chest pains, or oppression near the heart.

What can be done about it?

First, see your doctor and be guided by his advice. If the attack is severe, he may prescribe a period of rest in bed.

The doctor will surely recommend the rules for living which everyone over forty would be wise to follow as a PRECAUTION against heart disease.

For example, the doctor will advise moderation in all things. He will stress the importance of avoiding sudden exertion—the wisdom of getting plenty of sleep and avoiding overweight. Periodic physical examinations will probably be recommended, including X-ray, laboratory, or other tests.

Must patients become invalids?

No—so long as they don't overdo. Diagnosed early, the damage to the heart may be negligible. Besides, it should not be cause for needless worry. Today, thousands of people who have heart disease, and who take care of themselves, are living virtually normal lives. Strict self-discipline, to gain freedom from all worry and strain, is of primary importance. Less strenuous forms of physical recreation should be found. In other words, it is necessary *to relax.*

For more information, send for Metropolitan's free booklet, 114-Z, entitled, "Protecting Your Heart."

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Flight Surgeon

(Continued from page 836)

ond unit of plasma. He would soon be on his way to the station hospital, about seven miles away, where he would receive further treatment and be cared for until he was well enough to be returned to duty.

Seeing that everything was under control and that his further help was not needed immediately, Doc hurried to the interrogation at the briefing room. He enjoyed the pleasant confusion of the large room where the crews waited their turns for interrogation. Groups of tired, happy men, relieved to be on the ground again with one more mission behind them, milled around the room with Red Cross doughnuts in one hand and coffee in the other. These sessions were pleasant when all the ships came back.

"Who got hurt?"

"How is he, Doc?"

Doc answered these questions and listened to snatches of other conversations in the room.

"Did you see those two Forts go down?"

"Yeah. Looked like the second was hit on the tail by a rocket."

"How'd you like that landing MacLean made in B?"

"I think we laid a good bomb pattern over the target today."

"We picked up a few flak holes in the wings."

"The way I feel right now, I'd shine a fighter pilot's shoes free for the rest of his life!"

"Doc, look at the chunk of flak that hit my flak suit right on the chest! Nearly knocked me down, but I didn't even get a scratch! I'm getting pictures made of the flak and the dented plates in my flak suit. I'll give you some prints."

"Forty-five below up there today, Doc."

Doc had a cup of coffee and went back to his office.

"Any frostbite cases today, Sergeant?"

"None yet, sir."

Two patients were complaining of pain in their ears. Aerotitis. Lucky thing there isn't more of it, with the number of head colds going the rounds.

Doc saw his seven bed patients, washed up and went to chow.

It was a quiet, uneventful evening except for the bicycle casualty with the lacerated lip that came in at 1:30. That was the start of another day, though, and this was to be the account of one day's activities.

School Health Program

(Continued from page 825)

Education (1201 16th Street, N. W., Washington, D. C.: The National Education Association), dealing with all aspects of the school health program and listing over 600 books and other publications which bear on the subject, including some for pupils to read as well as a list of twenty-five periodicals for the library. It includes also a directory of nearly fifty national agencies which supply materials and publications on health and safety, most of which cost little or nothing at all. Your state department of public health and your state education association will also have valuable materials that should be in the school health library.

No exact figures are available, but it is unlikely that more than a tiny fraction of all the public schools in this country have any kind of special health library whatsoever or any significant section on health in the general school library. This sad fact becomes inexcusable as we realize that at least a fair health library could be maintained in any school at almost no cost whatsoever.

Demand adequate school lighting and sanitation. You can borrow from almost any architect's office, state highway office or city engineer's office a simple instrument with which to measure the lighting in each schoolroom. Or correspond with the Illuminating Engineering Society, 51 Madison Avenue, New York, N. Y.

To use a light meter, place it on a pupil's desk in the darkest corner of each schoolroom. The reading should show at least 12 or 15 foot-candles of light. On cloudy days some schoolrooms have shown illumination of 1 foot-candle or less, which approximates twilight. Parents should refuse to tolerate such conditions.

It is usually not expensive to provide minimum sanitation for a school. The proper procedure lies in first securing advice of local health authorities, who should examine the school plant and present their recommendations. Makeshift sanitation planning by well meaning but inexpert persons is to be condemned. If no other resource is available, the state department of education should always be consulted before changes are effected in washroom or toilet facilities.

A thorough inspection of the school's sanitation and lighting by professional experts provides a most worthy program to be sponsored by civic-minded groups or parent-teacher organizations. A thorough safety inspection of the school plant can be made at the same time.

See that your school provides a sound program of safety education. Vital safety education is never handled through mere classroom lecture alone, nor can it be left to textbooks. Nor can it be given by the ordinary teacher, even though such a teacher has had a college course in this subject.

Much of the work of safety training is a matter of teaching what *not* to do, and all of it is a matter of practice. Safety education must be conducted through planned activities, and it requires certain essential materials and their actual use under correct supervision. This is especially true of first aid.

If your school cannot employ special teachers for the safety education program, there are some major things that your organization can do or arrange to have done: (1) The local highway police and the local fire department will usually be glad to put on demonstrations of safety and emergency measures. (2) The school can be asked to inaugurate fire drills and a traffic safety patrol. (3) The school nurse may be able to offer a practice course in first aid. (4) The safety features of the building can be checked by safety engineers. (5) Civic organizations may sponsor brief practice courses in safety education and first aid, such courses being provided at night over a period of several weeks, with intensive training conducted by competent specialists in safety training and first aid.

Much more could be written concerning other needs for the health program in the schools. But they are matters which rest chiefly with the school officials. An attempt to interfere too directly with the educational program as such is usually unwise for lay groups.

However, aside from the foregoing health measures which such groups legitimately may sponsor, there is the general problem of community education in health matters. Intelligent publicity programs that do not degenerate into mere temporary drives, long-term planning for better community-school recreational facilities and constant cooperation between civic and educational groups—these are the means by which the better programs of health education are being promoted today. As long as such needs exist, no civic club or community organization need look further for a vital project to sponsor.

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The Poise that Refreshes

Glorifying the "man of action," Americans are likely to ignore the deeper values of calmness, balance and poise. Yet these are the signs of true mental health

By CALVIN T. RYAN

THE employer asked for the applicant's credentials. "Are any of your references men who knew you in college?" he asked. "I want to know what your classmates—your contemporaries—thought about you."

The young person does not always think of what his contemporaries think about him. He thinks his prospective employer will want recommendations from his university or college professors, possibly his family physician, and maybe the minister of the church of his preference. Likely so. But an employer may also want to know how you impress men and women with whom you associate socially. Is your personality balanced, or do you go from extreme to extreme?

Leone was out on her first teaching job. She enjoyed the work. She was sure she was making good. But in April she went into a slump. She wrote to her mother that she was not going to be a teacher. She was not going on for graduate work. Her mother was perturbed. She came to see me and solicited my help.

"Something has gone wrong," she told me. Within a few minutes after our interview started, Mrs. Long admitted that Leone was given to those extremes. "She will go along for months on top of the world, then she will be depressed beyond all understanding." Leone had been happy for her first two years in college, but before Christmas of her junior year, she decided to quit. It had been a trial to get her convinced that she should not quit.

Such was the young lady's case history. And, more than likely, such will it always be. There is a faulty balance in the girl's personality. She lacks the essential poise for continuous happiness. Prospective employers prefer men and women who can sail over life's sea with a more even keel.

Dr. H. J. Bannum was a giant-like man, but in all my years of knowing him I never saw him lose his poise. He might have been sensitive about his size and his slouchy manner of sitting and walking, but apparently he was not. He held political positions; he met with legislative committees. Others might yell and swear, but Dr. Bannum never raised his voice in irritation. He laughed contagiously. He welcomed you into his office and put you at ease. His poise was always refreshing. He walked in a leisurely fashion; he seemed never to be in a rush to get there or to get things done.

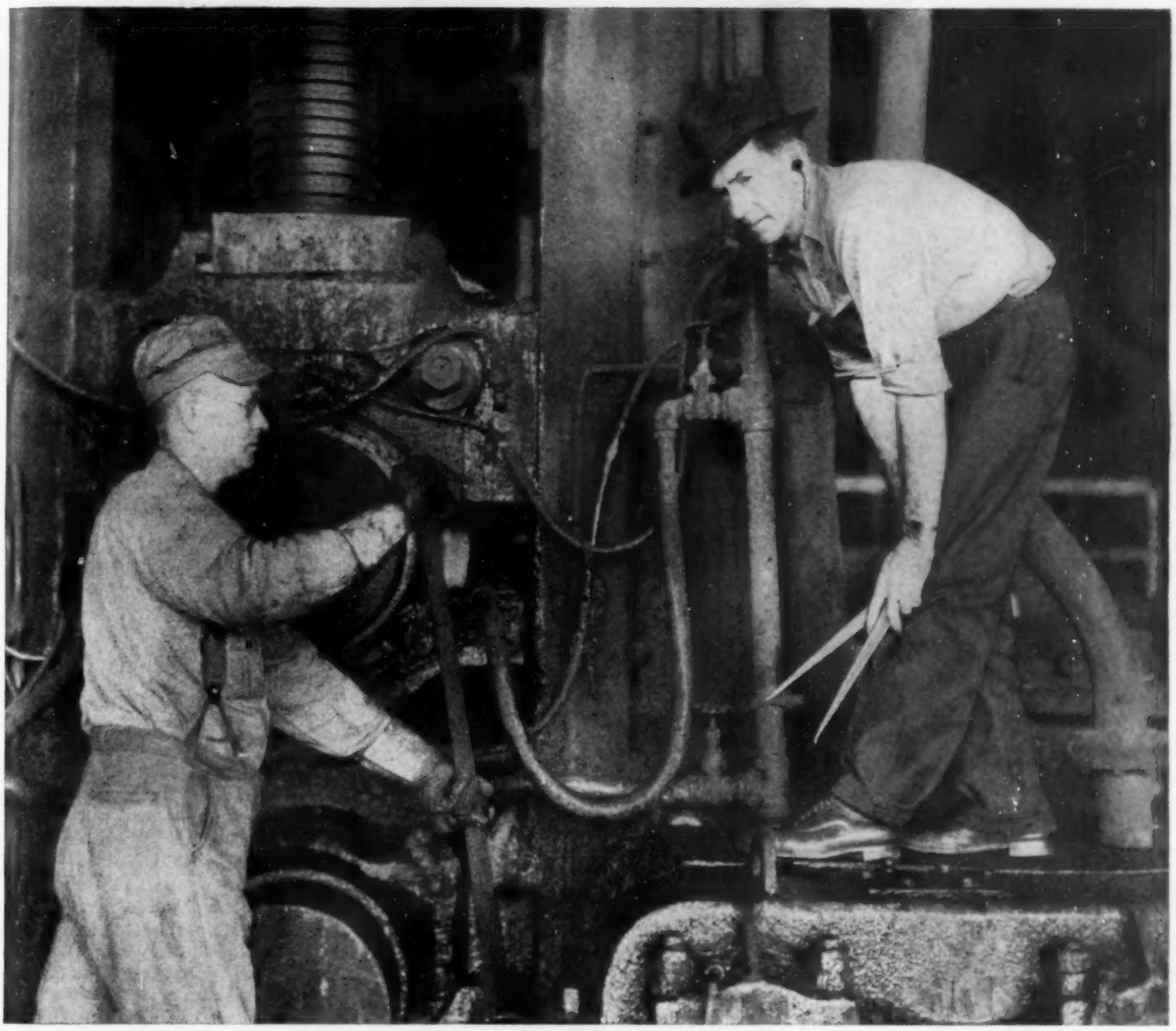
It was most fitting when President Roosevelt playfully said the bombers that flew over Tokyo had come from "Shangri-La," an imaginary place discovered and populated by James Hilton in his *Lost Horizon*. The creator of that story must have had in mind a little reminder of what the go-getter or dollar chaser was losing in all his clinging to what he considers to be reality. Those who lived down in the valley from Shangri-La had a philosophy of "nothing too much." They avoided excesses, even the excess of virtue. The lamas were poised, unruffled, happy—old in years but not in looks. The American man with his high blood pressure may be a victim of his own drive.

The American is dreadfully in earnest about being eternally in physical activity. He can't sit still. That is, the ordinary Babbitt cannot. That is why the Dr. Bannums are more noticeable. They also remind us that it is possible to live a happy and successful life and not be a monkey instead of a man. We glorify the man of action. Teddy Roosevelt's "strenuous life" has become an American philosophy. It has also become a criterion of measuring a man's worth. We say the thinker is all right for art, but he isn't a good town booster, nor a promoter of sales. He is embarrassing to have at our chamber of commerce luncheons. "We" are the men of affairs. We put on the bond rallies. We do the work of the world. We forget that back of Alexander the Great was Aristotle, and back of General MacArthur is his Bible and the Christian home in which he was reared.

The psychologist O. Klineberg says: "A person who has a desire to withdraw from the world would find it hard to fit into our American culture. . . . It is probable that many persons may actually be saved from the disease of schizophrenia because their introvert tendencies find in Buddhism a satisfactory outlet." The Chinese are singularly free from high blood pressure. The Negroes are not, as a group, much given to worry. There is something admirable about the repose and calmness of the Negro.

In a recent book on the effects of worry, the writer advocates the "I don't care" attitude as the best cure. For the Babbitts I know that would be a too violent counter irritant. Void of any sense of humor, these men can never laugh at themselves. They think a hundred years from now somebody will know they were once president of the country club. And Mrs. Lewis Worthington Wallford will worry herself sick over making a misplay at bridge. Burn the toast. Scold the maid. Slap the children. My reputation as a bridge player is very important! I'll just worry and worry and worry! This is the lack of poise that mental hygienists say is very close to mental disaster.

The poise that refreshes may come from the drawing room or from the afternoon bridge club. It may come from the Optimist Club, or from the Rotarian dinner meeting. We admire the man or the



IN THE Youngstown Sheet and Tube Company's great Brier Hill mill is a man who wishes he hadn't waited so long to do something about his hearing. For most of his 22 years with "Sheet and Tube", Paul H . . . . .*'s hearing has been growing steadily worse, but he knew his job so well, and did it so well (he was a full-fledged roller at 21) that he got by and did nothing about his hearing.

Of course, he didn't realize that his hearing was so far gone, but he *did* know that he was nervous as a cat, tired, couldn't rest nights and always in fear that he'd misunderstand instructions and roll a steel order wrong. The roller runs the show in a hot mill. It's his job to see that his men roll those red-hot 10-ton bars to within 1-100 of an inch of the size ordered. When "lend-lease" orders for overseas war materials stepped up the pace, Paul H . . . . . couldn't take chances. So a year ago he got a Sonotone . . . and how he wishes he had done it 10 years ago! Today he is a changed man . . . relaxed, rested, sure of himself, sure of his hearing, and wears his Sonotone all day long, sometimes 16 hours a day, because, as roller, he's always on call for any emergency.

The Sonotone Consultant's job of helping such men help win the war is one of the most interesting jobs in America today. As Sonotone users steadily increase, more and more men of ability and character are needed.

Being a successful Sonotone Consultant means not only a good living, but a worthwhile place in your community's life and a future in a new, growing, semi-professional occupation that pays big in satisfaction. Any man or woman interested in becoming a Sonotone Consultant is invited to visit the nearest Sonotone office, or write King Cooper, Vice President, Sonotone Corp., Elmsford, N. Y.

There are over 155 Sonotone offices. The office nearest you is listed in your local telephone directory. Phone for information or write SONOTONE, ELMSFORD, N. Y. *In Canada: write 229 Yonge St., Toronto. In England, 144 Wigmore St., London, W. 1. Also available in the world's principal countries.* Ask for a free copy of "Hearing Through the Years". Available only in the United States.

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That Touch of Individualism

A woman makes a fundamental mistake when she copies another instead of studying her own characteristics and creating in her manner and appearance a touch of individualism that transcends mere prettiness. Unless animated with personality, prettiness can be a disappointing quality.

We see a rose, and almost instinctively we are moved to inhale its fragrance. Sometimes we are disappointed to find that for all its structural beauty the rose has little or no perfume; it lacks personality; it might as well be artificial.

When a woman lacks personality we think of her as being colorless, for color is the most outstanding visual aspect of personality. For this reason great care should be given to the selection of make-up preparations.

Suitably selected and artistically applied, make-up—rouge, powder, lipstick, etc.—imparts animation as well as color, for in a fine sense the two are synonymous. When selecting make-up, personal characteristics should be studied with view to enhancing your visual personality through the medium of a color scheme that is at once natural-looking and individualistic.

It is said that one of the secrets of success is to be yourself under any circumstances,—but be yourself to the full extent of your capacity to be charming and interesting.

Luzier's Service is dedicated to you, the Individual. It is made available to you by cosmetic consultants who help you select beauty aids suited to your requirements, with view to creating for you that desirable touch of individualism.

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woman who has poise wherever we see him or her. We admire poise in a business meeting and poise in a social gathering. Such poise may or may not depend on physical well-being, but certainly it will depend on a balanced personality. The Leones mentioned earlier are difficult to school into Emily Post behavior. They are the ones who say, "My friends have to take me as they find me."

Social poise is valuable in the daily communications many people have. It is acquired. One learns it, or is taught it. But the child who is crushed or neglected will be a slow learner as an adult. Likewise, the child who is allowed to rule the roost, to demand that the family revolve around its wants, will acquire the social amenities rather slowly. Such children make the adults who want to control and dominate all groups; who demand that every one listen when they speak. That is not the poise that refreshes. Neither the shy nor the too aggressive person has the balance of which the mental hygienists speak. Extremists are never balanced.

The poise that refreshes will be exhibited by the person whose voice is musical, who can modulate it and give it charm. Such a voice will not be pitched too high nor too low. A voice pitched so low that a conversationalist fails to understand without effort will detract from the most beautiful woman in the world.

The poise that refreshes will be shown by the woman who does not try to be the life of the party. The woman who rattles on and on, who is forever talking, will have to have many compensating qualities before she can be admired. Part of charm is knowing when to say nothing. Shakespeare's most lovely women all know how to talk and when to talk. It was hard on the "beautiful but dumb" Hollywood actresses when the talkies replaced the silent movies. Success in the movies is no longer an exclusive matter of screening well; it is also a matter of stage poise, and speech and voice are a part of poise.

The poise that refreshes has social value. Also it has commercial value. If we do not have it, others may not enjoy having us around. We may interfere with business. The girl who answers the telephone often leaves an impression of what her employer is like. The woman at the desk where we sign in on entering a hospital may influence our recovery. There is more to poise than obeying rules of etiquet. It is indicative of our philosophy of life. It is a satisfactory index to our mental health.

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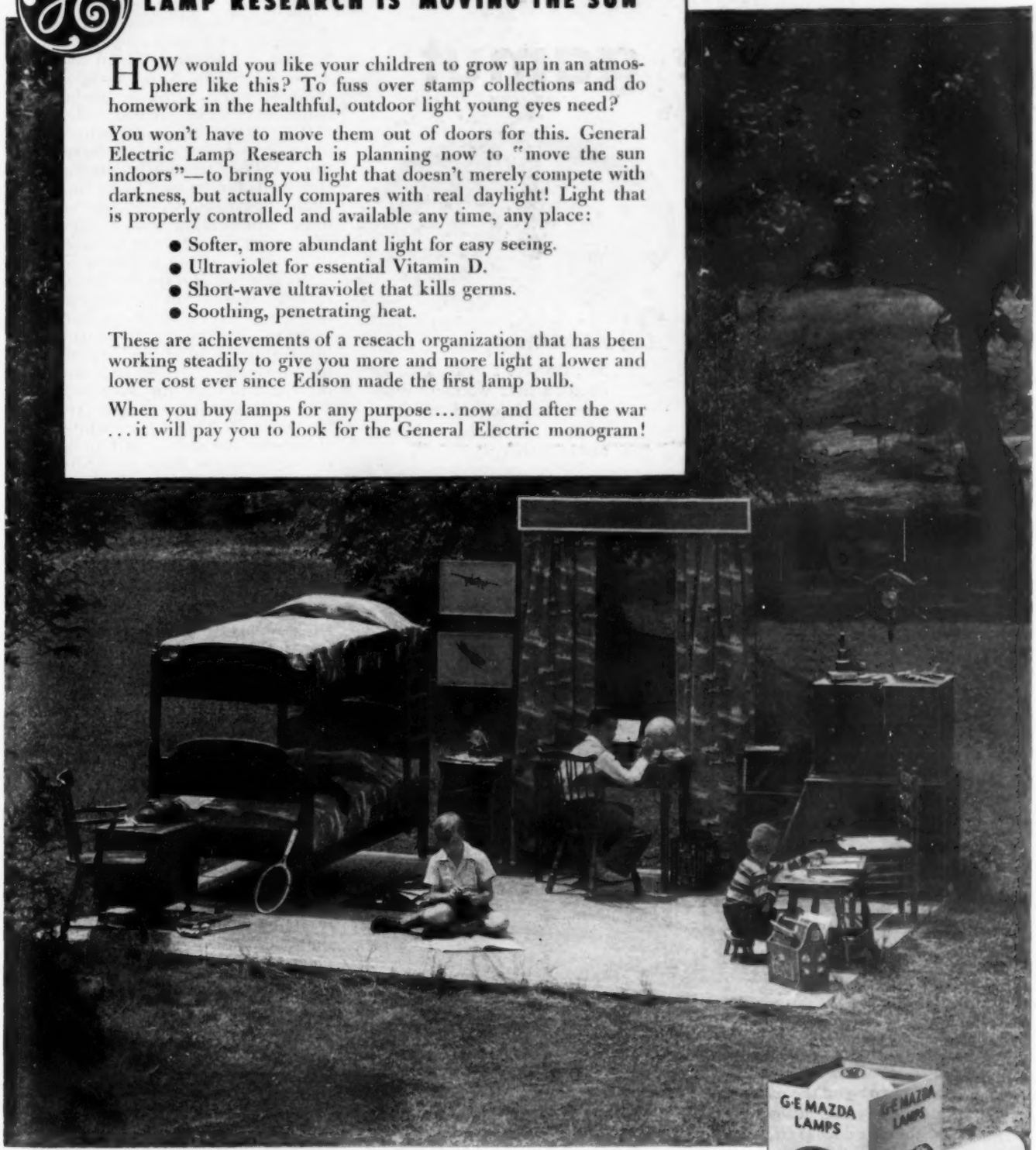

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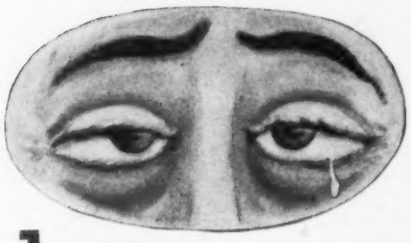
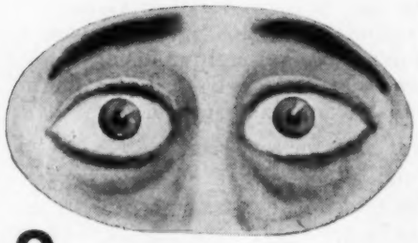
Hear the G-E radio programs: "The All-Girl Orchestra," Sun. 10 p.m. EWT, NBC; "The World Today" news every weekday, 6:45 p.m. EWT, CBS.

Mr. Garrett runs the gamut



1. GLOOM

Mr. Garrett's been staying awake with the owls lately. Feels worse than he looks, if possible. Decides he'd better see his doctor...



2. ALARM

Mr. Garrett shudders at his doctor's first words: "While some people can drink coffee without ill effects, *you're* not one of them..."

3. GIVE-ME-STRENGTH

Mr. G. braces himself as the doctor goes on, "So I'd say it would be advisable for you to cut out coffee...

4. SUSPICION

"...and switch to Postum* instead! It contains no harmful stimulants."

5. DAWNING HOPE

Mr. G. brightens as his wife says, "Postum? Why, I was talking to Sybil the other day and she says her husband says Postum is a darn *swell*, hearty, hot mealtime drink!"

6. GRADE-A BLISS

Mr. Garrett meets Postum—Sips—Gulps—Beams!

*Postum, a product of General Foods, is made of full-bodied flavorful American grains.

Postum

ONE OF AMERICA'S GREAT MEALTIME DRINKS

Embalmed Food

(Continued from page 827)

Recently some eighteen hundred large cans of tomato catsup packed by one of our largest food packers were seized in New York. This product was labeled as containing benzoate of soda. It was to be sold to the restaurant trade, where the ultimate consumer would never see the label. Fortunately the federal standard for catsup does not include benzoate, so its use constitutes adulteration under the law. The court found in this case that the purpose of the benzoate was to allow the manufacturer to make his product with about 25 per cent less sugar than his competitors, thus giving him an unfair advantage over his competition at the expense of the consumer. There is a seeming inconsistency in the fact that the federal standard for catsup excludes the use of benzoates, while the standards for jellies and preserves permit its use in these products providing it is declared on the label. Should the millions of Americans who eat their meals in restaurants be prohibited from eating benzoates in their catsup without their knowledge but permitted to eat it in jellies or preserves even if the packages from which they are removed in the back rooms of the restaurants bear the labels which say, "contains benzoate of soda, a preservative"?

Much of the dried fish on our markets just before the war had its surface sprinkled with boric acid. It is true the labeling of this type of fish declared the use of the acid and gave directions for its removal. The sad fact is that a considerable portion of the acid could not be removed from the fish by following the directions. It is probable that when dried fish again becomes a common item in our stores we will see much of this chemically treated seafood. It is peculiar that the companies packing dried fish pack two types; one without boric acid for sale in states which prohibit its use, and another type for sale in the states which are not so particular.

Our present federal law, the Food, Drug and Cosmetic Act of 1938, requires that all foods for which no standards have been adopted but which contain any type of chemical preservative must carry a list of ingredients on the label. The difficulty with this procedure is that the consumer may not be properly informed. The retail merchant often buys properly labeled goods and repacks them in smaller packages without any label. The consumer of prepared foods at a café or fountain does not have the pro-

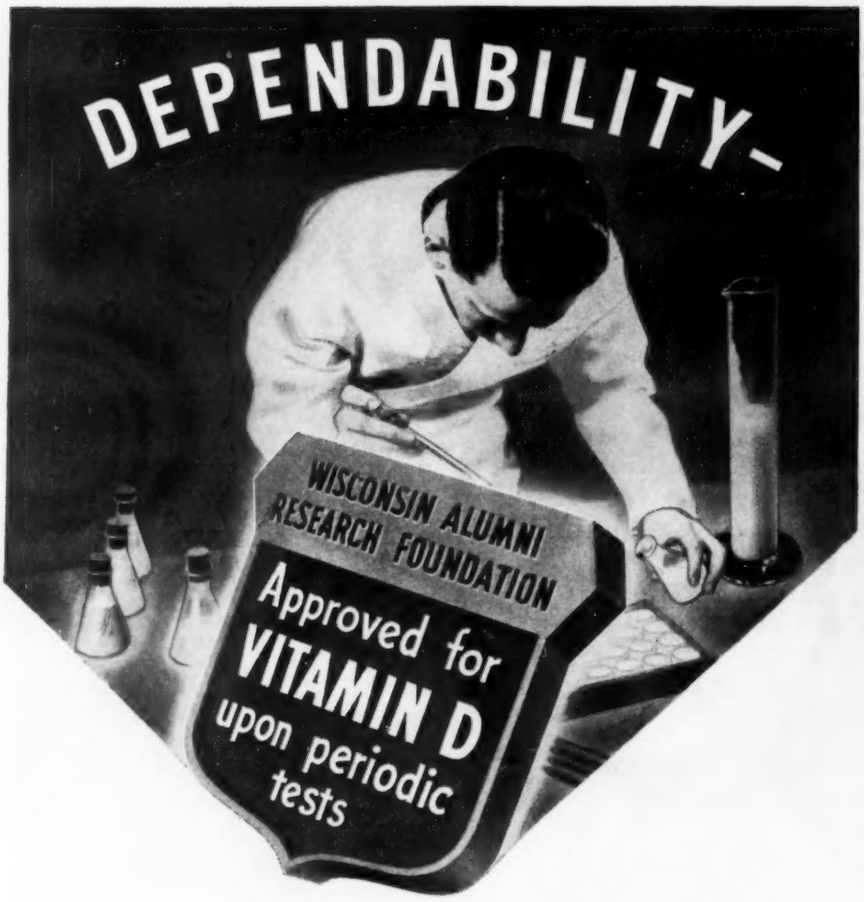
I.V.C. Vitamins

IN THE INTERESTS OF PUBLIC HEALTH

I.V.C. confines its efforts solely to the production of vitamin medication for preventive therapy and vitamin specifics for pathologic vitamin deficiencies. Years of laboratory research and wide clinical application have produced vitamin products of unvarying quality, accuracy and potency. 15 I.V.C. products and 26 dosage forms are accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

For assurance of highest quality at a saving in money, ask your druggist for I.V.C. products when buying vitamins.

INTERNATIONAL VITAMIN CORPORATION
"The House of Vitamins"
22 EAST 40th STREET, NEW YORK, N. Y.
CHICAGO • LOS ANGELES



. . . in back of this seal

Back of this seal is exacting testing in the laboratory for uniform potency . . . *back of this seal* is extensive and unremitting clinical work to demonstrate therapeutic and prophylactic values. The Foundation licenses only products of definite value. All products bearing this seal or mention of the Foundation are subject to ceaseless checking so that they may always merit the complete confidence of the Medical profession and the public.

Write For This Free Booklet — it helps you nourish your family better.

WISCONSIN ALUMNI *Research* FOUNDATION
MADISON 6, WISCONSIN

H-1144

Please send me FREE your booklet "Can We Eat Well Under Point Rationing?"

Name_____

Street_____

City_____ Zone_____ State_____

tection of knowing the undesirable ingredients in his food. The only adequate method of controlling chemical preservatives in food is to prohibit them entirely. The fact that the better food manufacturers can get along without them is sufficient proof that it can be done.

Read the labels of your foods! If they contain either sulfur dioxide or benzoate of soda you may suspect that they are inferior products, because properly processed foods do not need chemical preservatives.

Today, without attempting any experiments comparable to those of Wiley or the Remsen Board, some of our commercially inclined scientists are declaring the harmlessness of and advocating the wider use of chemical preservatives. New chemical preservatives? No! The same old bunch of cheaters—sulfites and benzoates especially.

Some new preservatives have been developed. Calcium propionate prevents the growth of molds in cheese and bread. Calcium propionate is probably harmless to the consumer. But cheese which is made from good, clean milk, processed in sanitary equipment and packed in clean packages will not become moldy. Isn't it logical to suppose that the public should expect foods made from clean raw materials, that the emphasis on the control of mold in cheese be placed on cleaning up the sources of filthy milk rather than depending on a propionate to hide the effects of insanitation? It was only last year that some of our large cheese processors made a vigorous but unsuccessful fight to have propionates included in the optional ingredients in the standards for cheese. The standard for bread, on the other hand, permits the use of propionates for the purpose of preventing the growth of molds. Most molds develop in bread because the ingredients are infected with the mold spores or pick them up in insanitary bakeries. Propionates, again, are used to hide evidences of lack of proper handling. And the use of propionates in bread does not have to be declared on the label.

What can be done about this unfortunate situation? You can read the labels on the foods you buy. Your personal boycott of all chemically preserved food and that of every thinking consumer will do more than anything else to prevent the use of these harmful chemicals in our foods. Your support of the laws and the officers engaged in food control work is essential. Your demand for pure food and adequate legislation is your best safeguard against the food chisler.

Are Your Folks Breakfast Skimpers?

"Grab a bite and run" is poor breakfast practice, not only for children but adults as well. Your own physician will tell you so.

For the child, nutrition—the food eaten day in and day out—has a threefold job to perform: it must enable him to keep his body in good repair, must give him the energy he spends so prodigally in work and play, must give him the substances needed to grow on. Lack of a substantial breakfast may tend to hamper him in all three directions.

For the adult, the skimpy breakfast pays poor dividends, too. The mid-morning fatigue which may result from lack of a sufficient breakfast leads to poor work performance, lessened care with the work, and unfortunately all-too-often to industrial accidents that could have been avoided.

As a minimum or basic breakfast pattern, serve your family fruit, cereal, milk, bread and butter. For the children up to 8 or 10, such a breakfast is adequate. For older children and adults, other suitable foods are easily added to make the meal adequate.

The dish of cereal suggested deserves this inclusion in every breakfast because of the notable contribution it makes to good nutrition. When 1 ounce of cereal (whole-grain, enriched, or restored to whole-grain values of thiamine, niacin, and iron) is eaten with ½ cup of milk and 1 teaspoonful of sugar, this highly palatable dish provides proteins of excellent quality, readily utilized carbohydrate, easily digested fat, and notable amounts of important B vitamins, and the essential minerals iron and calcium.

The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.

CEREAL INSTITUTE, INC.
135 SOUTH LA SALLE STREET • CHICAGO 3

No "cry babies" ridin' in Welsh Carriages! My mom planned 'em to be so comfy that the little booghers love to ride!

Look at this good ole **116.**

WELSH

LARGEST MANUFACTURERS OF COLLAPSIBLE BABY CARRIAGES

Send date of your baby's birth to the Welsh Co. for a free horoscope.

1535 S. Eighth St., St. Louis (4) Mo.

WAR BONDS *TO HAVE AND TO HOLD!*

$4.00 BACK FOR EVERY $3.00

in ten years!

HAVING A BABY?

New Hygeia "Steri-Seal" Cap protects formula

A new improvement in feeding technique. After preparing formula and filling bottles apply Hygeia Nipple by exclusive tab, then place "Steri-Seal" Cap over nipple. Thus nipple is untouched until by baby in actual feeding. Reduces danger of infection.

SAVES TIME; CONVENIENT FOR STORAGE, OUT-OF-HOME FEEDING.

Easy-to-clean Hygeia Bottles have wide base to prevent tipping, scale in color for easy reading. Famous breast-shaped nipple has patented air-vent to reduce "wind-sucking." Ask your druggist for Hygeia equipment.

CONSULT YOUR DOCTOR REGULARLY.

White Teeth

(Continued from page 838)

reason is constantly bombarded with propaganda praising the "scientific virtues" of this or that product. All too often the name of science is desecrated in such advertisements.

During this age of lavish advertising in which whimsicality rather than a scientific or truthful slant is the rule, the Council has been carrying on an alert campaign for public health. In the comparatively few years of its existence, it has examined over 2,000 articles designed for dental use. Many of these were and still are out-and-out nostrums. A nostrum is defined as a quack, patent or secret remedy. The number of such products foisted on the dental profession and the unsuspecting public is so great that an enumeration of them would be too lengthy, especially at this time of paper shortage. Furthermore, such preparations seemingly spring up over night.

Unfortunately, many of the nationally advertised dental preparations do not appear on the Council's list because of their unacceptable composition or the questionable claims in their advertising. Undoubtedly most national advertisers would like to have their advertising completely honest, but competition and economic conditions make them "do unto others what they might not like to have done unto them."

The dentist who avails himself of the services of the Council derives definite benefits for himself and his patients. For example, he and his patients are protected from the bad effects of untried, ineffective or potentially harmful products; and both dentist and patient save money. Equally important, the dentist keeps himself better informed on the latest developments in materia medica and dental therapeutics. Thus he maintains the prestige of dentistry and of himself in his community.

In its exposure of dental nostrums in the best interest of public health, the Council has attacked tooth-bleaching quackery, pyorrhea quackery, unacceptable dentifrices and so-called "antiseptic" mouthwashes. In so doing, the Council has always attempted to present in a clear and unbiased way the fundamental principles underlying dental diseases and their treatment and prevention.

Only in recent years, since the formation of the Council, has any real inquiry been made into dentifrices. The reason is not hard to find. The Council considers a dentifrice merely as an aid to the toothbrush in cleansing the surface of the teeth. If the formula is safe and is advertised in accordance with these limitations, it may be held acceptable and may bear the distinction of displaying the Council's seal.

In the interest of public health, the American people should use only those brands of dentifrices which bear the seal of the Council and be advised not to rely on mouthwashes as curative or prophylactic agents. They should be advised to avoid toothache poultices, toothache gums and toothache drops; not to rely on stain removers; not to eat excessive amounts of sweets; not to depend wholly on liquid dentifrices because they may not be efficient cleansing agents; and not to rely on chewing gum for improvement of their oral health. Every one should know that virtually his only hope of maintaining oral health is to visit his dentist at least every six months and to follow his advice in mouth hygiene.

The public should be informed that the knowledge of the Council members and the findings of the Bureau of Chemistry are at their disposal without charge. The Council, located in the headquarters of the American Dental Association at 222 E. Superior St., Chicago, Ill., now answers thousands of inquiries from the public each year. It is hoped that this number will be multiplied many times when more people are told by their dentists the meaning behind the Council's seal of acceptance.

Physical Fitness for America

(Continued from page 817)

that is anywhere in the vicinity, I can tell you that the performances of the athletes are a great inspiration. The mental attitude toward physical fitness is about as important as any other factor. You have to want to be physically fit in order to get the most out of your training. Physical fitness is not something that you can impose on people by fiat or edict. Health education is a large part of the picture, but the

A TRIBUTE TO GOOD ORAL HYGIENE
Now, most everyone agrees that regular oral hygiene helps protect health and brighten smiles. Dr. West's Miracle-Tuft Oro Toothbrush is highly recommended for this purpose because: It is scientifically designed for correct brushing by leading periodontists. It is bristled with long lasting "Exton"... the finest bristling filament in the world, and is properly trimmed for perfect brushing.
Weco Products Company
20 North Wacker Drive, Chicago
Dr. West's Miracle-Tuft
"EXTON" BRISTLES
ORO 2
Exton Brand Bristling
ACCEPTED FOR ADVERTISING IN PUBLICATIONS OF THE AMERICAN DENTAL ASSOCIATION

Try before you buy

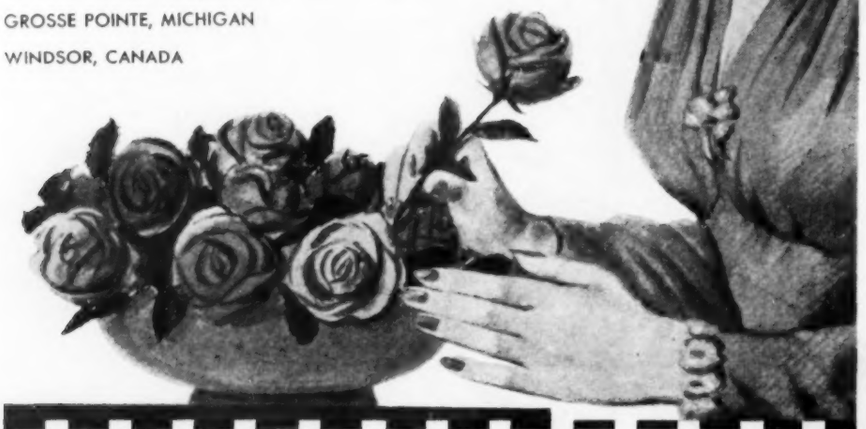
Let your mirror show you new loveliness, at less cost, before you spend another penny for cosmetics.

Upon your invitation, a Counselor will visit you in your home. From her complete line of cosmetics and with her beauty-wise help, you can sample and experiment until you discover what you've always wanted: the cream and powder formulas best suited to *your* type of skin . . . the lipstick, rouge and eye-shadow most flattering to *your* coloring. And, too, this trained Counselor will advise their proper placement to make the most of *your* facial contours.

This is the *try-before-you-buy* method, by which you avoid mistakes, crowds and hurry . . . save time, tires and money. Begin now to let *your* loveliness benefit from this proven plan.

If you do not know your neighborhood Counselor, look in your phone book, or mail the coupon below. Or perhaps you have the artistic ability to cash in on the earning opportunity this advisory service offers. For full information at no obligation to you, check the second box on the coupon.

beauty counselors
INCORPORATED
GROSSE POINTE, MICHIGAN
WINDSOR, CANADA



beauty counselors, inc., Dept 1194, 17108 Mack Ave., Grosse Pointe 24, Mich.
In Canada: Windsor, Ontario

☐ Have a Beauty Counselor call on me. ☐ Yes, I would like to give some thought to becoming a Counselor myself.

Name _____

Address _____

City and State _____

program must carry through. Often the boy or man who sees the Cubs or the White Sox goes home with the definite idea of playing a little baseball himself. Then he finds that it takes room and time and other people. That's where the community comes in.

GRAFFIS: Around newspaper shops and in other industries the strain of wartime work with short-handed staffs has been severe on the men past 40. What can they do to get in condition to meet the competition of a lot of bright and brisk lads who are coming back into the shops?

ROWNTREE: I think a lot of harm has been done by the statement that a man over 40 should not exercise at all. Much of the work that is being done today in the Army and Navy and in civilian life too is being done by older men who have kept themselves in good physical shape. If men stop exercising after 40, a good deal of the world's work will not be done.

GRAFFIS: Well, what is the easiest, simplest and most enjoyable way in which one can begin to improve his or her physical condition?

ROWNTREE: That is strictly an individual problem. Every person requires something different from every one else. One man or woman can safely adapt to one type of sport or another type of recreation. Some people can use vigorous exercises like baseball, basketball, tennis, football or boxing; others may have to confine their activities to horseshoe pitching, victory gardening or just walking. The ordinary "hit and miss" type of program can do as much harm as good. You have to know the physical defects that you want to correct. You have to know your own health and strength. You have to get a sport or a program of exercise that will keep you interested, and you have to have a little competition—even if it is only competing with a tape line as to how much reduction you want in your waist line. We believe that the Joint Committee on Physical Fitness is going to be able to work out a program that will help everybody who wants to be helped toward more physical fitness.

FISHBEIN: I am glad, Colonel Rowntree, that you mentioned all those sports. The people of the United States spend more money for recreation than the people of any other nation of the world. Every year there are forty million admissions to baseball games, ten million to football games and five million for golf, tennis, boating and other sports. These recreations help

ALL THREE *of the* BASIC NUTRIENTS

Since the beginnings of man's recorded history confections have been recognized as an appreciated contribution to the joy of living. Advancing science now finds in them also a worth-while food value.

All candies, in their carbohydrate content, contribute to the satisfaction of energy requirements. Many confections, however, make a further nutritional contribution.

Into their manufacture enter many food substances recognized for their protective and nutrient values: milk, butter, eggs, fruits, nuts, peanuts. Such confections may well be classified as a "prepared dish," like other dishes calling for many ingredients. As such they contribute not only quickly available carbohydrate but also biologically adequate proteins, and valuable fats, as well as some minerals and vitamins.

On the basis of the psychic phase of nutrition—presenting the required nutrients in an appreciated, enjoyable form—the moderate eating of candy at the right time has a place in the human dietary.

THE NUTRITIONAL PLATFORM OF CANDY

Accepted for Advertising in the Publications of the American Medical Association

1. All candies supply high caloric value in small bulk.

2. The food energy supplied by candy (as carbohydrate) requires the least digestive effort to become available.

3. The candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to this extent provide also biologically adequate proteins and fats rich in the valuable unsaturated fatty acids—

4. . . . present appreciable amounts of the important minerals calcium, phosphorus, and iron—

5. . . . and contribute the thiamine, riboflavin, and niacin contained in these ingredients.

6. Candies are of high satiety value; eaten after a meal, they contribute to the sense of satisfaction and well-being the meal should bring; eaten in moderation between meals, they stave off fatigue, without affecting the appetite for the next meal.

7. Candy is more than a mere source of nutriment . . . it is a morale builder, a contribution to the joy of living.

8. Candy is unique among foods in that it shows relatively less tendency to undergo spoilage—chemical or bacterial—which might endanger life and health.

ACCEPTED FOR ADVERTISING IN PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION

© 1944 by Council on Candy

COUNCIL ON CANDY OF THE NATIONAL CONFECTIONERS' ASSOCIATION

1 North LaSalle Street • Chicago 2, Illinois

Use FRESH and stay fresher!

• See how effectively FRESH #2 stops perspiration—prevents odor!

See how gentle FRESH #2 is—how delightful to use. Never gritty, greasy, or sticky!

See how convenient FRESH #2 is—you can use it immediately before dressing. It won't rot even delicate fabrics!

Make your own test! Prove to yourself that FRESH #2 is the best underarm cream you have ever used. If you don't agree, your dealer will gladly refund your full purchase price.

Two sizes—50¢—25¢

FRESH #2

NEW DOUBLE-DUTY CREAM • REALLY STOPS PERSPIRATION • PREVENTS ODOR

to inspire people to become physically fit to the maximum of their bodies' capacity. Not everybody can run the 100 yard dash in 10 or even 11 seconds, but almost everybody ought to be able to consider running 50 yards without falling over.

GRAFFIS: Did you ever try, Doctor, to train yourself in running?

FISHBEIN: I certainly did.

GRAFFIS: Well, what do you think is the best way to encourage people to make themselves fit to run or jump or participate in any physical effort?

FISHBEIN: I believe competition is the life of sport. Nothing else will encourage men and women to participate in physical activity as much as a reasonable amount of competition with other people who are not too good for them.

ROWNTREE: Is there any proof of that?

FISHBEIN: At the University of Michigan a physical conditioning program consisting of some four hours a week of supervised exercises, obstacle racing, mass combat activities and competitive sports was provided to 1,000 men whose physical condition was determined before the program was undertaken. In general the physical fitness improved at least 20 per cent after one term. However, the amount of gain was directly proportionate to the amount of time spent in the conditioning course. Furthermore, the evidence proved that you have to like physical fitness in order to achieve it. A group of men who disliked the physical fitness training gained only about one-fifth as much as those who liked it. Inquiry showed that the use of competitive play and competitive sports induced more people to like such programs than any other factor.

GRAFFIS: After the last war the German general staff started retraining their people, using the principles developed by Americans. I think the most valuable export of America before this war was not scrap iron or oil but the athletic coaches that we sent to teach the Japs how to swim and the Swedes and Finns how to run. I wonder why we Americans cannot now take those same tools and do a better job for ourselves?

ROWNTREE: That is just exactly what we want to do. That is the whole purpose of the "physical fitness year" on which we are now working. The Joint Committee of the American Medical Association and the National Council on Physical Fitness is going to put a lot of emphasis on the very proposal that you have made.

Smallpox

is like a Smouldering Fire

It may flare into an epidemic at any moment

WHAT if smallpox broke out next door, and took away your child —or pockmarked her face for life?

Don't think this cannot happen! Smallpox can be carried from place to place by persons having the disease in so mild a form as to be unrecognized. That is exactly what happened *recently* —an unsuspected case of smallpox, moving from one state to another, started an epidemic of 65 cases.

And your baby—*if unvaccinated*—could catch a malignant and fatal case of smallpox from one of those very mild cases!

Make sure *today* that your child is protected by vaccination. Don't make the dangerous mistake of waiting until she goes to school—she might be exposed to smallpox long before *then*. If she is three months of age, she is old enough *now* to have it done.

If your baby is older than three months—and has not been vaccinated —consult your doctor immediately.

How long does vaccination give protection?

Immunization against smallpox gradually wears off. Many people do not realize this... allow their immunity to lapse... and become once more in danger of catching smallpox if exposed.

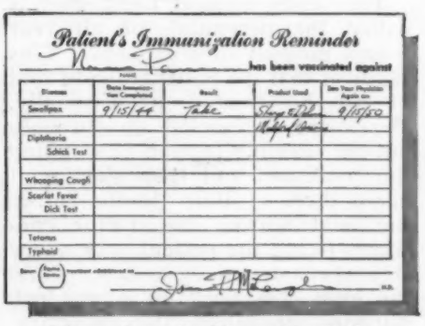
For example, even if your child was vaccinated in babyhood, she should be *re-vaccinated* before starting school to insure continued protection.

So ask your doctor *at once* for the Immunization Record Card... it will remind you to bring your child back for re-vaccination against smallpox—and also help you protect her against *other* dreadful contagions.

The only positive way to prevent smallpox is by vaccination—and re-vaccination. A century of experience has shown this. It is easy to forget when the next vaccination is due—ask your doctor for this Immunization Record Card. Keep your child safe.

This Card May Save Your Baby's Life!

Don't trust your memory. Join the Mothers' Immunization Reminder Club, now totaling over 2,050,000 members. All you have to do is ask your doctor for an *Immunization Record Card.* This card will tell you *what* diseases your baby can be immunized against... and remind you when to take him back to the doctor for additional immunization or reimmunization. Get this card *today!* Keep it where you will be sure to see it at least twice a year.



Patient's Immunization Reminder

has been vaccinated against

Disease	Date Immunization Was Completed	Result	Product Used	See Your Physician Again on
Smallpox	9/15/44	Take	Sharp & Dohme	9/10/50
			Sharp & Dohme	
Diphtheria				
Schick Test				
Whooping Cough				
Scarlet Fever				
Dick Test				
Tetanus				
Typhoid				

Name of Doctor

Ask your doctor for this record card today. Join the Mothers' Immunization Reminder Club.

Sharp & Dohme supply these cards to physicians free upon request. They are in two parts—one for the doctor's own records and one for you.

* * *

JUST OFF THE PRESS! New booklet on immunization...gives facts every mother should know about children's diseases... their special danger for babies... their harmful after-effects. Tells you what methods of protection can and should be used. A **free** copy of this booklet will be sent on request. **Write to** Sharp & Dohme, Department H11, Philadelphia 1, Pennsylvania.

Sharp & Dohme

Makers of Dried Blood Plasma—a development of Sharp & Dohme Research—as well as Sulfa Drugs... Vaccines... Antitoxins

QUESTIONS AND ANSWERS

Hay Fever Shots

To the Editor:—Being a hay fever sufferer, I had allergy tests made for the offending pollens, and corrective shots have been administered to me for the past two years with satisfactory results. However, there are a few things I wish you would clear up for me if possible. There are two methods of administering these pollen shots. One method gives a monthly shot, and during the hay fever season this is stepped up to once a week or every ten days for the duration of the season. The other method comprises one shot a week for about six weeks prior to the hay fever season and the same dose during the season itself. This is a lot cheaper than the first method. I suspect that the monthly shot is not effective for that length of time. Also, I am told that I can have only half a dose in a shot one week and should return for the other half the following week. Michigan.

Answer.—The impression of the treatment given for hay fever by the use of pollen injections is only generally correct. The method described as treatment which is started six weeks before the season, is known as preseasonal treatment. It would be unusual to accomplish much by giving only six treatments before the season. Most specialists prefer to start the treatment early enough so that at least twenty to twenty-five treatments are given before the beginning of the season. In view of the fact that treatment can seldom be given more than twice a week, since the patient cannot tolerate a more rapid increase in dosage, one should start treatment at least four months before the season. In some cases, three months before the season may be adequate. The purpose of treatment is to increase each dose as much as the doctor thinks is safe, so that the patient may be able to tolerate 200 to 1,000 times the first dose by the time the season begins.

The other method mentioned is called the perennial, or all year round method of treatment. This requires that the patient should first of all be treated preseasonally. Treatment is carried on throughout the season. Instead of stopping the treatment and then starting it again three or four months before the next season, the doctor continues to see the patient once every two weeks or once a month, so that the high dose built up is not lost. Various specialists use modifications of this all year round method. This depends not only on the experience of the physician but also on the tolerance of the patient. Some patients may be able to take their injections once a month until four or five weeks before the season, when it is customary to attempt to increase the dose by treating the patient once a week. Then, throughout the season, the patient may be treated once every few days to once a week.

The suspicion expressed here that "the monthly shot is ineffective" is not justified. It is true, however, that to attempt to apply rigid rules by which a patient may be treated is not only unwise but impossible.

Pollen solution becomes weaker as it ages, not stronger. It is therefore wise when newly prepared materials are used to reduce the first dose by as much as 50 per cent in order to prevent reactions.

Windburn

To the Editor:—In our discussions we have regarded "windburn" as a combination of sun and wind—that is, the wind drying the skin of its natural protective oils, making it more susceptible to the rays of the sun. We were under the impression that the rays of the sun did the burning and not the wind. Will either a hot or cold wind alone burn the skin? If this is so, could an artificial wind burn a person who is indoors and away from the rays of the sun? Also, is the burning strength of the sun's rays reaching the earth as strong in the winter as in the summer?

Michigan.

Answer.—A dermatitis may be produced by the wind alone, either hot or cold. It may also be produced by the sun's rays alone, or it may be produced by both. The production of a windburn indoors away from the sun would seem to be purely an academic question, of no practical importance. The effects of the sun's rays in the wintertime are much less pronounced than in the summer.

Ticklishness

To the Editor:—If a woman is ticklish, does it mean she is more highly sexed than one who is not?

Connecticut.

Answer.—There is no evidence that ticklishness in women is associated with any increased sexual desire. As a matter of fact it seems that pleasure in being tickled is greatest in infancy and then slowly decreases throughout adult life. That tickling may be a part of love play between the sexes is of course well known, but any definite relation to sexual desire cannot be demonstrated.

MODERN-MOTHER
Nursing Brassiere

Has interchangeable sterilized pads to absorb all seepage.

- Bandeau Style, #628 for slender figures in sizes 32 to 38. $1.75.
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NEW NEUTRAL-COLOR EARPHONE AND CORD

Less Noticeable than Eyeglasses!

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(Standard Equipment . . . No Extra Cost)

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Today—see for yourself how this new Zenith ensemble does for the hearing aid what modern smart styling did for eyeglasses! Find out about Zenith's *personal adjustment* principle . . . how the exclusive external Tone Control enables you to fit the Zenith yourself—to begin at once a lifetime of better hearing.

Visit your Zenith-franchised dispenser for a *Free* demonstration. No obligation. Or mail coupon below for Free, complete, detailed description and name of the Zenith dispenser near you.

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Also available—the new Bone Conduction and Bone-Air Zeniths for those very few whose physicians recommend these types of instruments. Each only $10 more, complete.

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ZENITH RADIO CORPORATION, CHICAGO, ILLINOIS

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MODEL A-2-A

$40 COMPLETE

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EMERSON BOOKS, Inc., Dept. 426-C
251 West 19th St., New York 11, N. Y.

The "New" Venereal Diseases

(*Continued from page 823*)

degree of contagiousness may account for its rarity in white people. The relative susceptibility of certain races to this disease has been amply demonstrated by reports from reliable investigators both in this country and abroad. In India the disease is seen frequently in Hindus, rarely in Mohammedans. In the southern part of the United States, the comparative incidence of the disease in Negro and white is probably thirty to one.

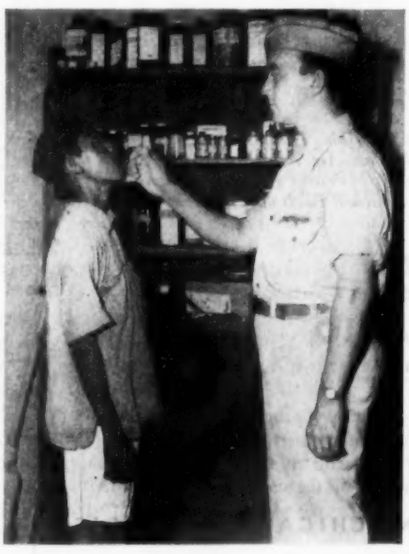
In the past the disease has been pictured as an extensive, destructive, incapacitating ulceration, foul to the nostrils and loathsome to the sight. This notion is incorrect, for early in the disease the lesions are clean, raised tufts of velvety-red, granulated tissue. It is in this phase that therapy is so effective and cure is possible. A specific pathology has been described so that a diagnosis may now be established by biopsy when spreads from lesions fail to reveal the Donovan bodies. If the diagnosis remains undiscovered and proper treatment is not instituted, the lesions spread to extensive proportions, frequently becoming resistant to treatment, and the patient gradually becomes debilitated and bedridden. It is at this stage that one is reminded of the Biblical reference, "My loins are filled with a loathsome disease."

Antimony compounds are specific in therapy. The value of these compounds decreases in direct ratio to the chronicity of the disease; therefore, early diagnosis is essential. Good food and hygienic conditions are important adjuncts to therapy. Treatment should be continued for six months after apparent cure, or relapses are inevitable in most cases.

The great number of diagnostic failures in the early recognition of this disease and the consequent pathetic condition into which these patients lapse stand out plainly as a challenge to medicine the world over—as clearly as the indictment made centuries ago, "Is there no balm in Gilead? Is there no physician there?"

FLIGHT SURGEON BRINGS MEDICAL CARE TO NATIVES

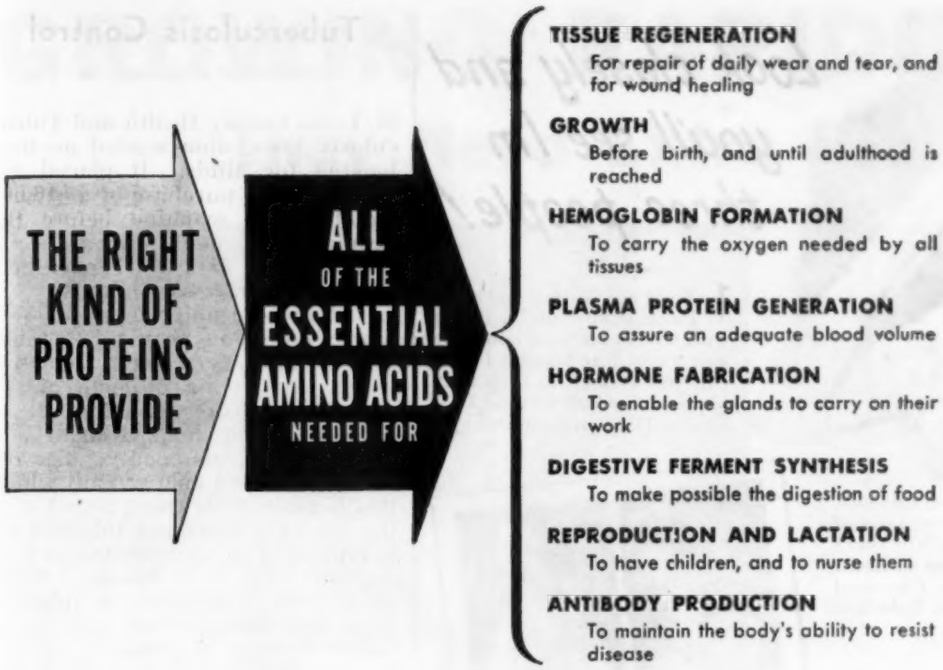
WITH the U. S. Army's Tenth Air Force in India, Flight Surgeon Peter Cummings is treating an average of twenty-five Indians daily in addition to discharging his duties as flight surgeon for the squadron.



Complaints range from malaria and other endemic diseases to minor lacerations and fractures.

In conducting his spare time clinic, language has been one of Captain Cummings' greatest problems. In North Africa, for instance, most of his patients were Arabs who knew no other tongue. Captain Cummings spoke no Arabic, but he finally found an Arab who knew a little Italian and an enlisted man who could translate the Italian into English. Most of the patients he treated there suffered from eye diseases such as trachoma, rare in the United States but extremely prevalent on the desert.

Sicilian and North African patients frequently contributed gifts such as eggs, cakes or cookies in return for medical care. Captain Cummings turned these over to needy children in the bomb-razed villages nearby. His most serious cases were found in Sicily, where many civilians had been injured by mines and booby traps left behind by the retreating enemy.



The Right Kind of Proteins . . . What Does It Mean?

Except for sugars and fats, all food substances contain proteins. Some in very small amounts, some in large quantities. But not only the quantity counts. Quality, in fact, is of greater importance.

Proteins are made up of amino acids, 22 of which have so far been recognized. All of them are needed by the body, but only 10 are called "essential" because these must be supplied in the foods we eat—the others the body itself can manufacture from these 10 if need be.

The RIGHT KIND of proteins are proteins which contain *all* the 10 essential amino acids. These are the proteins of highest quality.

Among the foods which provide these top quality proteins meat stands high because it is so exceptionally rich in them—all meat contains an average of 20% protein of this quality, regardless of cut or kind.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO . . . MEMBERS THROUGHOUT THE UNITED STATES

Look closely and you'll see I'm three people!

1 Yes, I'm a Nurse's Aid—and I'm a mother and a housewife, too. Three hard jobs! But, a year ago just being a housewife was enough to keep me a physical wreck all the time. I was tired by 10:30 in the morning...

2 One day I noticed a Spirella ad that said lack of energy was often due to the wrong kind of girdle. I tried the Press and Lift test (Why don't you try it, too?) and pressed down on my stomach. It felt just like my old garment. Then I lowered my hands and lifted up. So *that* was Spirella's *natural* support!

3 I called in the Spirella corsetiere, who measured my figure *supported* with the patented Modeling Garment. I could tell right away I'd feel and look like a new woman in my individually-designed Spirella.

DOCTOR'S X-RAYS SHOW!

Low position of stomach with ordinary corset. Same stomach raised 3½" with Spirella support.

4 After I got my Spirella, life was full of fun instead of drudgery—and I have plenty of energy to take care of all three of my jobs and be fresher at the end of the day. If *you* would like to take on additional work, but think you haven't got the energy, call the Spirella corsetiere today!

TO WOMEN WHO WANT TO MAKE MONEY HELPING OTHERS

If you are not in a position to do full-time war work, you can help other women find new comfort and happiness—and at the same time add to your own income. Mrs. M. L. G. (name on request) writes, "Two children prevent my volunteering for full-time war work, but I help hundreds do their jobs better with Spirella figure supports. Last month I made $137 from my business—and dozens of new friends." Why don't you mail coupon today?

KEEP FIT AND LOOK TRIM WITH Spirella INDIVIDUALLY-DESIGNED FIGURE SUPPORT

SEND FOR FREE "KEEP FIT" BOOK

The Spirella Company, Inc.
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☐ Send me your free book, "Keep Fit".
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Name _____
Address _____ State _____
City _____
In Canada, write The Spirella Co., Niagara Falls, Ont.

Tuberculosis Control

(Continued from page 833)

St. Louis County Health and Tuberculosis Association wasted no time looking for alibis. It placed the project of the purchase of a $16,000 mobile x-ray machine before the people of the county as a special objective in 1942 Christmas Seal sale. The necessary funds were raised and the unit was purchased.

The following year this organization commenced on a schedule which has as its ultimate aim a periodic x-ray examination of the chest of every man, woman and child in St. Louis county. The determination and energy with which this big county is going ahead with the job of wiping out tuberculosis is typical of the Minnesota spirit in dealing with this disease. Complete local eradication of tuberculosis not sooner than five years hence and not later than ten years is anticipated by the St. Louis county Christmas Seal organization, and this optimism is not dimmed by the fact that the estimated cost of operating the x-ray machine is four times the amount of cash available at the moment.

Hennepin county, which has the largest population of any of the eighty-seven counties in Minnesota, is also working with a portable x-ray unit that was purchased with Christmas Seal funds and cost $5,000. All but 1,000 of the 10,000 junior and senior high school students in the county were x-rayed in the school year 1942-43 in a search for early cases and a hunt for unknown sources of tuberculosis infection.

Four counties in the western part of the state, grouped in one sanatorium district, are benefiting from a ten year tuberculin testing and x-ray project, aided by Christmas Seal funds, that covers public and parochial schools. Reactors in one town have dropped from 21.3 to 2.0 per cent and in more than one other community not a single positive reactor in the high schools was found in the 1943-44 survey. Teaching personnel, janitors and bus drivers are included in the surveys.

In spite of war conditions there has been thus far almost no increase in tuberculosis in Minnesota. Children and grandchildren of pioneer stock in this state are in earnest about wanting to free the communities in which they live from any tolerance of this preventable, curable disease. Consequently the race toward accreditation of counties for tuberculosis control is the biggest kind of race Minnesota has ever had.

GROWING RAPIDLY . . .

They Need Extra Protein

The protein requirement of children is considerably higher than that of adults. McLester* suggests that children under 6 years of age should receive 3 Gm. of protein of high biologic value per kilogram of body weight. During rapid growth periods even more may be needed.

Horlick's—produced from man's most staple foods, full cream milk, wheat and barley—supplies high quality protein as well as other basic food factors.

Prepared either with milk or with water, Horlick's has such a low curd tension that it is easily digested and, of course, children love its delicious nut-like flavor.

Obtainable at all drug stores.

* McLester, J. S.: Nutrition and Diet in Health and Disease, 3rd Ed., W. B. Saunders Co. (1939).

HORLICK'S

The *Complete* Malted Milk—Not Just a Flavoring for Milk

The Case of THE CRYING BABY

By HERMAN M. JAHR

"DOCTOR, there must be something seriously wrong with my baby. He is over a month old, and we haven't had a decent night's sleep since I came home from the hospital. All he does is cry. I feel exhausted from worry and lack of rest. How long can this keep up without hurting him? I know he's spoiled, but isn't there something I can do to correct it?"

These recitations are heard daily by every physician whose practice includes children. "Crying" is undoubtedly the most frequent complaint registered against the infant, particularly during the first few weeks of life.

Infants who cry excessively fall into two main categories: Those who have physical discomfort, and those who demand undue attention. It is true that now and then we find a baby whose constant crying defies all efforts at classification. For want of a better description we say, with greater doubt than assurance, that he is a "nervous" baby. Fortunately, this type constitutes a small, even if loud, minority among the vast numbers of crying infants, and as our methods of investigation in physiology and psychology of infant life progress, more of them, we are certain, will fit into definable groups.

It must be emphasized that the cry with which the human organism makes its entrance into the world is one of nature's most beneficent gifts. For crying not only constitutes the essential mechanism which ushers in the first breath of independent life, but as a rudimentary form of vocalization it is the groundwork on which in time will be expressed the height of man's biologic achievements—speech. Until he is old enough to indicate his wants through words the infant utilizes the cry as a means of getting his physical and emotional needs satisfied. That many infants abuse this highly important mechanism and at times convert it into a ruthless weapon against their parents is of course unfortunate. Babies should bring joy and happiness to the home—not, as is so discouragingly often the case, worry and weariness because of constant crying and fussing. The latter type of behavior is doubly unfortunate, because aside from the immediate disturbance of the household, repeated yielding on the part of the elders makes an unmerciful tyrant out of the child. And the older he grows the more intense become his selfish attitude and his unacceptable behavior. Unless checked in their career before this disposition becomes a part of their personality, many of these infants are destined to grow up as bullies or day dreamers and in all likelihood to reach maturity as misfits.

Infants don't cry aimlessly. They cry because they want something, and it's up to parents to decide in each case whether or not the need is justifiable. Good parents will teach even the small baby to respect others

An infant never cries aimlessly. Nor does he cry for the primary purpose of annoying others. He usually cries because he wants something. Whether or not his wants at the moment are justified is beside the point. After all, his capacity for discrimination is limited. Sensible parents will train

325 U.S.P. UNITS of VITAMIN D

in each tall can of

WHITE HOUSE EVAPORATED MILK

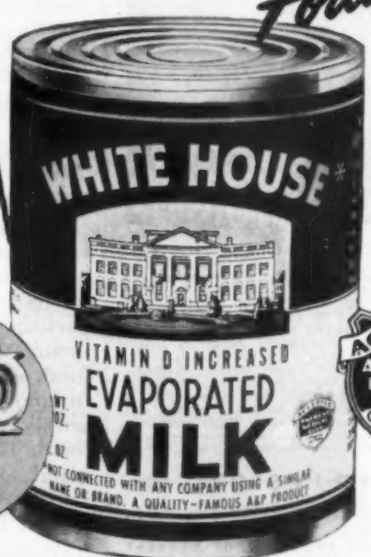
Vitamin D is essential for strong bones, sound teeth and good health . . . and sunshine is a grand source of this precious vitamin. But it isn't always possible to get all the sunshine we need — especially in the fall and winter months. That's why the vitamin D content of fortified White House Milk is so important.

With fortified White House you can put "sunshine" vitamin D into your everyday dishes easily and economically . . . in creamed soups and vegetables, in baking and in beverages. Use White House generously wherever recipes call for milk . . . it's one of today's best buys in good nutrition.

Ideal for Infant Feeding

Many doctors recommend White House for babies' formulas because it is so wholesome and nourishing. This top quality milk is homogenized, which means that the fat globules are broken up and evenly distributed to make it more readily digestible. It is preheated, standardized and sterilized. And its vitamin D content is important in helping *your* baby grow up straight and strong, with sturdy limbs and sound, healthy teeth!

Fortified!



ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods and Nutrition

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From first kicks through first steps your baby's feet go through five stages of development. That's why Trimfoot shoes are designed to protect foot health at every stage.

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Moderately priced—$1.00 to $2.85. Scientifically fitted at shoe or department stores.

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Keep Baby Safe!

with the PAT. NO. 2181658
BABEE-TENDA Safety Chair

Protect your baby from SERIOUS FALLS

Get SANITARY One-Piece Top PROTECTION

Falling high chairs cause many serious and fatal accidents each year. Your Baby is much SAFER in a BABEE-TENDA Safety Chair because it is low and can't be tipped or pushed over. A Safety Halter Strap positively prevents Baby from climbing out. A very important feature is a SANITARY one-piece top. It has no sliding panels with grooves and cracks to catch milk and food and breed dangerous germs or pinch your Baby's fingers. The foot rest is rigid, adjustable and locks at the proper angle. BABEE-TENDA Safety Chair is highly recommended by leading Baby Specialists, Hospitals, and Nurses. It is 22" high by 25" square. Can be used outdoors and is easily rolled from room to room. Folds compactly for traveling. Later, after Baby outgrows the seat, it may be converted into a sturdy play table.

NOT SOLD IN STORES

SOLD ONLY DIRECT TO YOU . . . THROUGH AUTHORIZED AGENTS. WRITE FOR FREE INSTRUCTIVE FOLDERS AND NAME OF NEAREST AGENT

THE BABEE-TENDA CORPORATION
750 Prospect Ave., Dept. HM Cleveland 15, Ohio

the baby to consider the welfare of others. In this connection it is well to stress that the baby begins to form his habits immediately after birth—not, as is so often thought, when he starts to school. And his habits will mold his character and personality.

The corollary is self-evident. The infant must be taught to utilize the cry judiciously. The educational process is simpler and less troublesome than most parents believe. To be sure, it calls for patience, coolheadedness and unanimity on the part of the whole household, but the dividends to be derived are worth more than the effort involved. The aim is to instill in the baby early in life a sense of self-discipline and at the same time a feeling of consideration for those around him. It does not in any sense call for an attitude of parental indifference toward the infant. On the contrary, it presupposes a love for the child to the point where the elders make their own emotional trends secondary to the welfare of the child.

When the infant begins to cry it is a sign that he needs help. He is uncomfortable. The discomfort may be physical or psychologic, and an attempt must be made to relieve him, or he will continue to cry. Physical discomfort may be due to hunger, thirst, distention from overfeeding, a soiled diaper, a safety pin sticking in the skin or crumpled bed sheets. He may be too warm or too chilly. I am not including here distress from pain due to indigestion or other forms of illness. It is a well established fact that sick children do not cry long or loud. The evaluation of these factors requires common sense provided, of course, a competent physician has eliminated basic defects in the structure and function of the infant.

A baby who cries because of hunger is easily controlled by putting food in his stomach. Years ago the quality and quantity of food allowed a young infant were based on arbitrary figures, and I suspect that many babies who were thought to suffer from colic or who were said to cry for a certain well advertised laxative were actually suffering from an insufficiency of food. Most babies were breast fed, in many instances regardless of a scanty milk supply on the part of the mother. Formulas were complicated and in the light of existing knowledge often difficult to adjust to the baby's needs. The modern physician tries to adapt the quality and quantity of feeding to the needs of the individual baby regardless of textbook rules. The methods of relief for the other physical factors here enumerated are too obvious to merit discussion. Mere recognition will indicate what is to be done.

To arrive at the psychologic discomfort which causes a baby to cry involves the elimination of all physical causes. It is a remarkable fact that while parents will readily accept the opinion of their medical adviser on problems relating to anatomy and physiology, reference to the mental and emotional phases will practically always be challenged. "What does a month old baby know about the need for attention?" a mother protests. "He gets all the attention I can possibly give him; I am with him constantly. Besides, he cries even after he is picked up." Taking matters into her own hands, she concludes, "He is just plain spoiled."

Comparatively few people realize that a baby is born with psychologic as well as physical attributes, and that the former are no less important or prominent than the latter. His demand for attention is no more unreasonable or necessary than his demand for air or for food. They are all biologic requisites for growth and development. Their optimum needs vary with the individual infant, and the fulfilment of these needs requires understanding through intelligent consideration. No two babies are alike in their make-up, their needs or their demands. Consequently their care and their training have to be particularized. The emotions of the infant begin to unfold early, and his habits shift from day to day, week to week and month to month. He has his good days and his off days. There are periods when for no apparent reason nothing suits him; he becomes fussy. Some parents find consolation in contributing these bizarre expressions to teething. This explanation finds little factual background, though in some cases it may be acceptable.

A 9 month old baby in perfect health and of excellent disposition suddenly begins to convert night into day. Promptly at midnight he awakens and begins to cry. Rather than argue with him his mother feeds him two or even three times, and following each feeding he goes back to sleep. After a few nights the little fellow becomes dissatisfied with mere food and he continues to cry. Mother, again in an effort to keep peace in the family takes him into her bed and he falls asleep promptly. Parents and baby remain satisfied with this arrangement for a few nights, when the mother decides that the child should sleep in his own bed. The baby rebels at the dispossession,

. . . their Future depends on what you do for them *Today!*

Give *your* children the priceless advantage of the best possible start in life! Their future success and happiness depend upon the understanding companionship, training and guidance you give them in the home *today.* One of the greatest pleasures of parenthood is the privilege of entering into the young child's world, directing the formation of right habit patterns and sound character traits during tender, formative years.

CHILDCRAFT is an easy, almost automatic Plan that will help you direct your children's early steps toward leadership, happiness, success.

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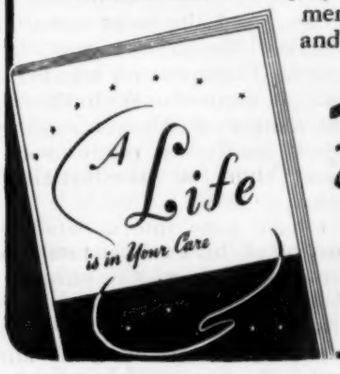
Your whole family will appreciate your sending the coupon below for full. FREE information about the CHILDCRAFT Plan.



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The story of what CHILDCRAFT has done for others and can do for you and your child. Mail the Coupon TODAY!

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Address .....
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His feeding time is a happy time

Guard Your Baby against bottle colic

He's too *little* to struggle with jerky, spasmodic feeding. And he hasn't learned not to swallow air.

Help him, mother . . . by giving him his food from Pyrex, the nursing bottle with the Patented Air Vent that prevents nipple collapse. This exclusive Pyrex feature assures a steady flow of milk without air. Your baby takes his food easily and comfortably...you don't have to worry about bottle-colic.

All Pyrex nursers have flat sides to prevent rolling. Rounded inside makes cleaning easy. Chill-resistant and heat-resistant. Replacement guaranteed if broken from temperature shock. Complete 6-unit Layette Set only $1.20.

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PURE
NON-SEPARATING
UNDILUTED
DELICIOUS

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Keep baby covered all night with...
COVERLOPE

The safe and easy way to be sure your toddler is covered—you'll both get a good night's sleep. A professionally designed sheet and nightie-shirt combination with featured crotch fastening. Freedom for turning to back or tummy. Your baby will like COVERLOPE.

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and crying resumes with increasing crescendo on each succeeding night. Scolding and spanking only increase the volume and duration of the cry. Soon the neighbors begin to complain and the baby finds himself back under parental covers.

The whole thing started when the child on one occasion suffered from a mild cold and, as is usual in these cases, a poor appetite. In her eagerness to avoid a loss in weight his mother fed him at night. The baby in his turn almost immediately got into the spirit of the inverted schedule and being a bright youngster, simply capitalized on the opportunity to receive attention and exercise power over his parents. They remained at his mercy for more than two months, when the mother and father decided that there was no future in the existing arrangement. "We will do anything you say, Doctor," the father said, and there was no doubt that he meant it.

The advice was simple. The parents were instructed on the following procedure: When the child awakens go over to him and say calmly but firmly, "Go back to sleep, Sonny, because we are not going to pick you up." Go out of the room and quietly shut the door. If he chooses to cry let him cry and under no circumstances make any further remark or return to his side that night. Inasmuch as the arrangement had gone on for over two months you cannot expect to cure him in one night. He will stop crying when he is convinced that it does not produce results, and he will stop waking up as soon as he realizes that there is nothing to wake up for.

It took less than one hour of crying for the baby to learn that his parents meant what they said. While this case represents proof of an underlying principle, it must not be taken as an example of ease and simplicity in dealing with this annoying problem. More often than not it takes several nights of vigorous crying to make the baby appreciate the determination of the parents to go through with this disciplinary measure.

Here is a more conservative illustration: Jackie, a 6 month old baby, had never slept through the night without waking up from one to three or four times. He was a good eater, but according to his mother a very poor sleeper. She did not think that the child slept more than five to six hours out of twenty-four. He was considered a nervous baby from the start. To keep him from crying constantly, mother, father and grandmother would take turns in carrying him around in their arms. They tried early to let him cry it out, but there was no success. As so frequently happens, the problem here started on a legitimate basis and Jackie being the first child of college educated parents and the first grandchild of his paternal grandparents, with whom the young couple made their home, immediately took advantage of his status and proceeded to rule a formal but divided household.

Mother and father had decided to be "modern" parents and stick to a schedule regardless of consequences. Consequences proved as difficult as they were inescapable. The baby started crying around 2 o'clock the first night he was brought home. He took an ounce of water and fell asleep. A half hour later he awakened again, crying. This time he refused water. "When Arthur was a baby he used to wake up too. I would feed him and he would sleep the rest of the night," grandmother suggested. Without waiting for an expression of appreciation from the young couple she added, "The baby is hungry. He needs food, not a schedule." This became a nightly routine. The baby would cry for hours. Father and mother would apologize to the grandparents, and the grandmother in turn would explain how she raised Arthur, always emphasizing that she had done rather well by him, without formula or without schedule. Jackie for his part took full cognizance of his importance and of the potency of his weapon. At the end of the first month the family noticed a slight bulging of the navel. The schedule was promptly abandoned and the picking up process just as promptly adopted. The slightest whimper would bring mother, father, grandmother or even grandfather to the scene. And the more attention he received the greater was the demand. There was no way to satisfy him, it seemed. With the apparent danger of a navel rupture the whole family was ready to do anything short of anesthetizing the baby.

I have gone into a detailed discussion of this case because it represents a type which parents and their friends and relatives invariably condemn as nervous or spoiled. Jackie was a perfectly normal infant. He was neither nervous nor spoiled. The whole difficulty could have been avoided if those about him had exercised common sense and had trusted their physician, who, incidentally, was one of the best in the community. It was one of those instances in which pa-

rental stubbornness, even though prompted by good motives, came close to making nervous wrecks out of the parents as well as the child. The literalness with which the parents took the schedule undoubtedly played an important role in establishing crying as a habit. It is true that the vast majority of infants will remain satisfied with a certain routine. Some will accept a three hour, others will thrive on a four hour schedule. It is important to remember, however, that whatever time table is chosen a certain degree of elasticity must be allowed. Many infants, even from the very start, can go a full night without being fed. Many more, however, insist on a night feeding until the stomach can accommodate a sufficient quantity to last for eight hours. A sane policy to follow is to give the infant a feeding if he wakes up at night even if the schedule fails to mention it. The infant goes back to sleep, and the parents have the opportunity to get their rest. As a general rule babies who receive enough food during regular hours seldom demand food in the middle of the night. This is particularly true after the second month.

To prevent the baby from getting into the habit of crying, a few simple rules inaugurated immediately after the infant is brought home from the hospital should prove successful. Properly utilized, they will save parents much unnecessary worry. Moreover, and this is very important, it will lessen the anxiety and tension in the home:

1. Have faith in your physician. If he tells you that your baby is healthy, believe him. No sensible doctor will withhold information which is vital to the welfare of an infant.

2. Bear in mind that a lusty cry for a few minutes now and then does no harm. It is an indication of good health.

3. When the baby begins to cry, try to make him comfortable. Offer him a bottle of warm water and let him drink as much as he chooses. If he refuses water, play with him one or two minutes and quietly leave the room. If he continues to cry, feed him if it is close to his feeding time. The schedule is not a bible; it is only a guide and it is flexible.

4. If he empties the bottle and goes comfortably to sleep you may assume that his crying was due to hunger. If the same thing happens several times during the day tell your doctor about it. He may find it best to increase the allotment per feeding. If the infant is breast fed and awakens two hours or so after his feeding, and following his nursing goes quietly to sleep again, and repeats the process several times in succession, it may be an indication

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that the child does not receive enough to keep him satisfied for the prescribed interval. Talk it over with your physician. He may advise a shorter interval or perhaps a complementary feeding. Let him decide what is best.

If, on the other hand, the infant cries long and vigorously before, after and between feedings, putting food in his stomach will only add to his discomfort. This type of crying should be investigated to determine whether or not there is something in the nature of a physical disturbance which needs correction. Again, you will do well to follow the advice of your doctor. If he tells you that the baby is well and that it will not hurt him to cry it out, take his word for it.

5. If your physician decides that your baby is one of those sensitive infants whose condition will improve under medication, you may be assured that he is using his best judgment in your behalf and in behalf of the infant. Do not be one of those prejudiced mothers who is suspicious that the medicine may be harmful. No doctor will do anything to harm your baby.

6. If it is decided that the crying is due to a demand for attention, do not proceed to look on the baby with contempt or vengeance. On the contrary, consider yourself fortunate that you are the parent of a physically and mentally well child. Treat him with tolerance and understanding. Let him cry it out. Don't lose your patience with him even if you are annoyed.

7. Many young mothers find themselves confused and bewildered the first few weeks after the arrival of the baby. This is a natural phenomenon and calls for no apologies. In these chaotic days, particularly, it is of inestimable benefit to adopt a wholesome philosophy of life. And it can be done without difficulty. I have seen many young women who during confinement assured me that they have always been nervous emerge a few weeks later as perfectly stable and calm human beings with a sensible attitude toward their baby as well as toward life in general. They have adopted a happy disposition with the help and in behalf of the baby. They started by cultivating a justifiable belief in themselves and an uncontested faith in their medical adviser.

8. Plan a daily program of your household duties which will give

you at least two hours of relaxation. Some mothers are under the erroneous impression that they have to sacrifice their health and their entire leisure for the child. Healthy babies do not require any such sacrifices.

9. Do not start the day or close your day's routine worrying about your domestic obligations. I have seen young mothers distracted from morning until evening about the housework which remains undone. With the present scarcity of domestic help most mothers have to rely on their own diligence in keeping the home in order. The best policy to follow is: When there is something to be done and you will have to do it ultimately, do it, and you won't have to worry about it.

10. By the time the baby is born you have probably read from one to a half dozen pamphlets or books on baby care. Although they all run in the same vein, they appear to be contradictory and confusing. Most of them are good in that they contain general knowledge and advice about infants. None of them, you will find, exactly fits your baby's needs or his disposition. It is just as well and in some ways better if you have not read any of them. For practical reading I recommend the pamphlet on infant care distributed by the Children's Bureau of the United States Department of Labor; a few short articles on individual problems relating to babies issued by the Bureau of Public Education of the American Medical Association; and finally Dr. C. A. Aldrich's book, aptly titled "Babies Are Human Beings." This book should be studied carefully by both parents. It will give them an excellent perspective on the nature of infancy and childhood and thus relieve them of many unnecessary fears and worries.

Though the baby is the one who does the crying, relief and prevention reside in the parents. The infant is a helpless little being who tries to do the best he can to establish himself in this world. He has certain attitudes and aptitudes which, though untried, seek expression. It is the duty of the parents to direct these potentialities into channels which society accepts as serviceable. The task, though admittedly not simple, is nevertheless enjoyable and interesting because of its challenging nature. Equanimity, common sense, tolerance and faith are the essence of competent parenthood. In a measure, they indicate self discipline and self confidence. Parents with these attributes impart a sense of security to their babies, and babies who feel secure as a rule do not waste their energy in useless crying.

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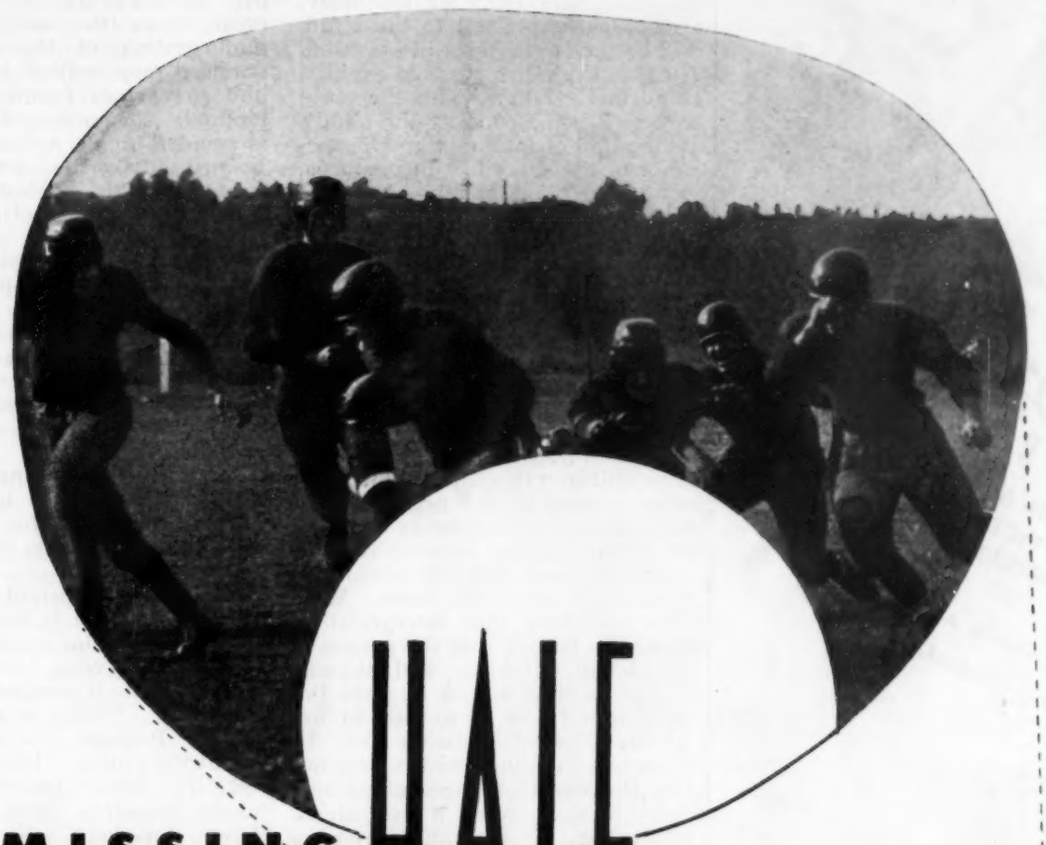

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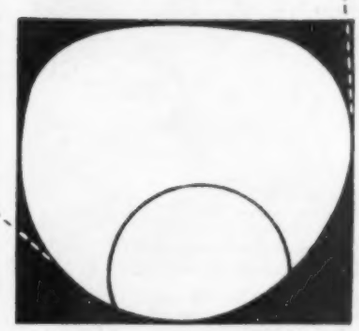

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NAMES AND ADDRESSES ON OPPOSITE PAGE

Children Must Face the Facts

(*Continued from page 819*)

area of abnormality or disability, even when explained to the child, will become uppermost in his mind. Thus all the other possible avenues of normal relations with the child may well be blocked by the child's assumption of total abnormality because of the disability in one area.

As I go about making informal speeches, I come to the homes of ministers or social workers with children. Some of these people attempt to explain to the children that the man who is coming has no arms, and to instill certain modes of correct behavior, such as "Don't try to shake hands with him!" "Don't ask him nosey questions!" "Don't look too interested in how he does things!" In the case of some children this kind of interpretative process takes a negative form and will tend to become an obstacle, eased only by my own attitude of normality and lack of sensitivity when I arrive on the scene. With other children this interpretation leads to a feeling that the person is completely disabled, and it will take some time for me to show the child that I can be normal in my relationships with him or her. In cases in which the parents have not told the child anything about me, there is quite often a first shock which may be difficult to remove from the child's mind, although at the same time there is the better chance of my appearing generally normal to the child so that he will accept the disability as only a minor matter.

The other possible method referred to is to hold off all explanations until the father comes home, in order that the child may be normally introduced to an abnormality. The advantages of this method are that the child will recognize the areas of normality as well as the one area of disability. Since the areas of normality will in all probability be far greater than the areas of disability, this will make for a healthier attitude in the child. On the other hand, if the mother withholds all explanations and still keeps her own fear within herself, the child will have a double anxiety: knowing that something fearful exists, but not knowing what the object of fear is. This could lead to severe psychoneurotic conditions within the child.

More important even than the methods one uses to interpret a soldier-father's disability to his children is the *manner* with which the mother or another in the family uses the methods. Manner should come from the solid emotional undergirding of the method, or manner may reflect the insecure and precarious foundation of the method. No matter which method is decided on, no matter how much trained advice has gone into the selection of the procedure, all will fail if the persons acting on it are nervous, unsure and afraid. This fear will at once be communicated to the child. It is imperative for all who act on this problem to understand how quickly fear is transmitted and how surely a feeling of confidence and strength is adopted by the youngsters if those about them display calm and strength.

Here, then, are some of the conditions for adequate interpretation and requirements for overcoming any fear or neurosis that has been induced.

The most important prerequisite in interpretation is the sureness of the mother. She could be just the opposite—nervous and worried. Perhaps she is anxious about her husband: "What will Dan look like?" Perhaps she is concerned about the child: "How will Sonny take it?" Most often, she is anxious about herself: "Can we still be happy together?" From whatever source, any anxiety on her part will at once be transmitted to the child. Therefore, if the mother is anxious, she should decide to interpret the coming situation (the fact that the wounded father is soon to return home) in order that the child may be spared the double anxiety of fear of an unknown. But she should ask for help in doing this, from a social worker or psychiatrist if possible.

The interpretation, in addition to coming from a nonanxious mother, should also emphasize the areas of normality which still exist for the father. For example, if the child had appreciated the father's bedtime stories, then the return of the "bedtime story teller" should be emphasized in the interpretation.

Both the mother and the father, when he returns, must remember how curious children are and how much they can assimilate without becoming upset or neurotic. Knowing this will also make it easier for the wounded father, for he will realize that the insistent questions of his own or his neighbors' children are not designed to hurt him but only to satisfy their adventurous turn of mind. Youngsters are eager

to know about everything, from the ordinary to the slightly queer; they want to know the "how" and "why" —of red hair, or how tall one is, or the briefcase one carries, or the arm in a sling. All facets of human existence are legitimate objects of children's searching curiosity.

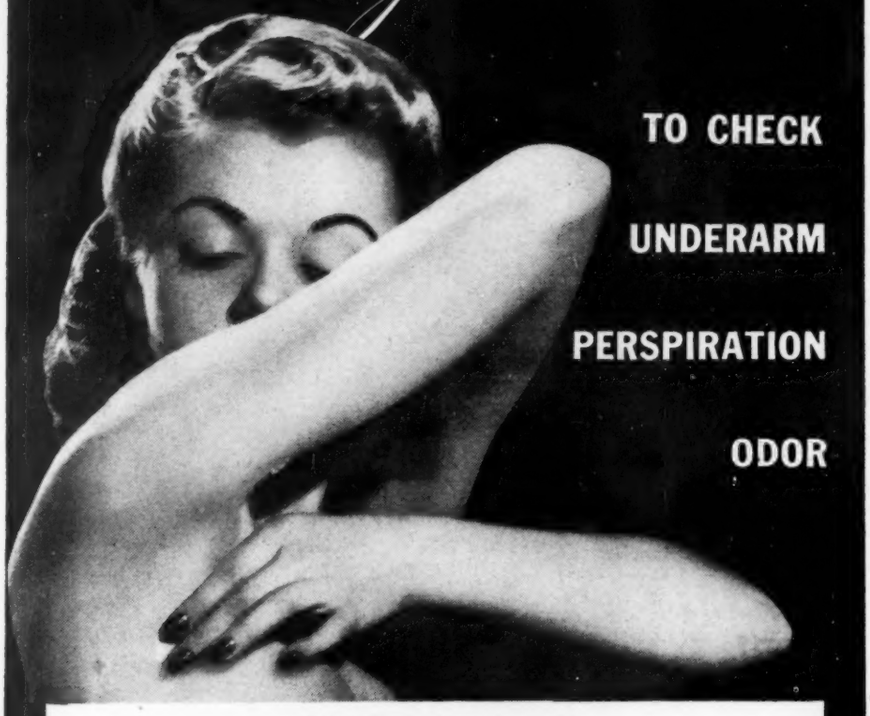
Suppose, however, that Sonny has become upset—perhaps through a neighbor's remark which was not easily laughed off by the mother. Then he will become afraid, and his fear will probably take the form of anxiety about the father's disability. What are the best ways of overcoming that fear and anxiety?

First, it may be done through the mother. She will want to explore thoroughly her own feelings on the problem and have trained and imaginative persons talk with her about it, to help her understand the problem and build up an acceptance of it. Then she will almost automatically transmit this regained confidence to the child.

In working with the child himself, it is obvious that no ground will be gained by pushing his attention away from the disability. One cannot just say to him, "There is nothing to worry about; now run along and play." Common sense tells us that, and tests bear it out. "Experimental results indicate that diverting a child's attention from the object or event feared is only of temporary value," one authority states. On the other hand, it is also true that there is no therapeutic or healing value in requiring the child to face up to the disability of the father. It's like saying, "You've *got* to face it! Now come here—say hello and shake hands." That is crude, but some people may say just that. One psychologist has created neuroses in cats by blowing on their necks just when they get food. Soon the cat refuses food completely. Then the cat is forced up to the food plate and at last eats. But how much of the neurosis is overcome? And would it work the same way with children? I would agree with D. A. Thom, who says, "Forcing a child to meet a feared situation does not eliminate a fear." In this case of forcing, the fear is simply repressed—pushed back—and expresses itself later in other ways.

A better way, when the child has already been upset, is to relate the injury to the other particular abilities of the disabled person, especially those which the child likes. These activities might include storytelling, repairing toys, playing games and so on. In each instance the father shows clearly that, even with the disability present, he can still share pleasure and create joy.

TRY THIS *Gentler* WAY



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An association of pleasurable activity with the fears and repressions of the child has become an important technic in what is called controlled play therapy. It is well known that play is healing, that it does have therapeutic value. Why not, then, direct or control this potentially healing activity? This is done by advance selection of the toys in a room, or in other ways indicating to the child that a situation exists which approximates one in reality. The child can then "take out" in play what she is repressed from doing in reality.

The psychologists who use controlled play therapy seem to be divided into two groups, dependent on their goals or interests. One group is especially concerned with play therapy as a method of overcoming antipathies. The child is placed in control of a family situation by the simple method of using dolls for all members of the family. She can then express in play her feelings of hatred and dislike, and in their expression lose the pent-up feelings which may have repressed her in her normal family life.

The other group is more directly concerned with our problem; the goal of these play therapists is to eliminate fears. The general method is, through play association, to desensitize the child to a particular fear. Often the object of fear is represented, and the child in playing with it and controlling it in play will be able to "control it" (in his feelings) in the actual situation.

The time element is also important. As soon as the shock has occurred, start the healing process. The first twelve hours is the golden period of therapy, before the shock has gone completely underground and expressed itself in some form of queer behavior. Exhibit to the child your own feeling of quietness and acceptance. Soothe his fears. Begin to play with the feared object. Handle it naturally. If, however, the fear becomes deep-seated, by all means consult a psychologist.

The best way is not to induce a fear or repression at all. This is possible when the father himself has a normal attitude toward his disability, and when the mother has no deep-seated anxiety, either about the disability or about something within herself which expresses itself as anxiety about the disability. If the parents really want to make it easier for the child, then they will discuss the disability themselves, patiently, tactfully and honestly, working out their own feelings about it and arriving at a common understanding. From there on, the child's problem will be greatly simplified.

Safe Well Water

(Continued from page 831)

To be assured of a safe water supply, it is essential that a properly constructed well be equipped with a good pump—one which does not require priming and which is so sealed that there is no danger of contamination.

Well water which by reason of a flood or for some other reason has been contaminated may be disinfected by the use of a chemical known as chloride of lime. This should not be confused with ordinary building lime. Chloride of lime is an altogether different compound which contains chlorine in an active form. It can be obtained, usually in 12 ounce cans, from a drugstore. This chemical should be applied to the well at the rate of about 1 ounce of the chemical per thousand gallons of water in the well. Some of the chemical should be splashed over the walls or casing, and the water in the well should be agitated if possible. The chemical should be allowed to stay in the well over night, after which the well should be pumped until all odor or chlorine has disappeared from the water. A well should always be treated with chloride of lime after repairs have been made. If the well is improperly located or constructed and hence subject to intermittent or continuous contamination, however, treatment with chloride of lime will not render the water permanently safe. The effect of the chemical will not persist for more than a few hours or days at most. Occasional treatment with chloride of lime cannot be considered a safe substitute for proper well location and construction.

If you wish to have a bacteriologic sample of well water analyzed without charge, get in touch with your county health officer and ask him to give or send you a water sample bottle. If the cover on your well consists of loose boards, or if the walls are not tight or the pump not sealed, in all probability the water will show the presence of contamination and there is practically no use submitting a sample for analysis until after repairs have been made and the well disinfected and pumped out. There is an abundance of good well water in our rural areas, but it is pretty largely up to you whether you obtain a supply of this clean, healthful water from a good well or whether the water which you drink every day is filthy and often unsafe because it was obtained from a poorly located or improperly constructed well.

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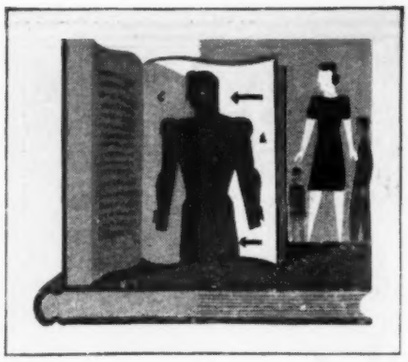

NEW BOOKS ON HEALTH

How to Raise a Healthy Baby

By L. J. Halpern, M.D. Cloth. Price, $2.50. Pp. 388. New York: Prentice-Hall, Inc., 1940.

This book is written in the popular question and answer form. Questions on care, training, diet, growth and development of the child from birth to the sixth year are included. There is also a section on contagious diseases and a diary in which the mother may record the necessary data about the baby.

On the surface this book appears to be well organized, but this proves to be disappointing when one searches for specific information, for example, on clothing, bowels and crying. In part II, "Infancy—From Two Weeks to Six Months," clothing is discussed three different times under care and training. Stools are discussed under care and training and under diet. No mention of training is made until the next section. Crying is discussed on pages 40-43 and mentioned elsewhere. It is here, too, that one first feels the over-objectivity of the author. Parents want a word of encouragement and a little more discussion on the normal. How long may a normal baby cry provided all else is well? As we read farther, other questions arise. Can most mothers hold a wriggling infant under one arm and wash its hair? What is the number of the needle that makes the proper nipple holes? Does the author approve of the popular "Sunday" method of introducing a new food—mixing the new food with one the child especially likes?

Baby's first year is certainly the hardest for both mother and baby; a few basic training principles to start would be a great aid. Also lacking, and more important, is a discussion of the cause, treatment and prevention of common household accidents to children. Occasionally hazards are mentioned, but this matter is too real to receive other than primary consideration in raising a healthy baby.

Although this book contains directions and explanations for servicing the baby, it lacks convenient organization, intimate details and, most of all, stress on guidance and protection of the child.

BARBARA FISHBEIN FRIEDELL.

"Well, which shall we buy—one of these or a high chair?

Your Child Meets the World Outside

By Elizabeth F. Boettiger. Cloth. Price, $2.00. Pp. 179. Illustrated. New York: D. Appleton-Century Company. 1941.

This book is to show parents how to help their children appreciate and use the world they live in so that they may grow up independent in a democratic world. The child is discussed in relation to nature, machinery, other people, and the community. Participation of the child in the world about him, and the importance of the family in giving the child a standard of living are stressed. The principles underlying the methods recommended here are the same as those for child guidance in general, but in no place does the author bring out this important point. For example, "In order to have meaning for him, a child's gardening experience must be a satisfying one." This is true of every experience a child has. It is the parent's problem to insure this situation. Too many parents insist on children unwillingly participating in things because they are supposed to be good for them

or once were fun for the parents. Moreover, the author, like too many parents, underestimates the abilities of little children. She talks about cooking for children over 7 and gardening for a 5 year old. A 2 year old can plant peas, grow them under supervision, know that they may be purchased fresh or canned, shell them, watch them cook. Following these experiences, he will more than enjoy eating the peas.

Books of this type have a definite place on the reading list of every young parent. They take the child out of the nursery. All the material in this book is sound. The suggestions and examples are easy to follow. However, the textbook style and flowery expressions make this otherwise interesting book difficult to read. The author is to be commended for stressing the fact that every one should understand the potentialities of every machine he uses. How many accidents would be avoided!

BARBARA FISHBEIN FRIEDELL.

Mental Health in College

By Clements C. Fry, M.D., with the collaboration of Edna G. Rostow. Cloth. Price, $2.00. Pp. 365. New York: The Commonwealth Fund, 1942.

This work describes the problems encountered in the psychiatric study of Yale students referred to the Division of College Psychiatry and Mental Hygiene during a ten year period. It is a rather comprehensive book, discussing the issues involved in the establishment of a mental health service in a university environment, the advantages and difficulties encountered in establishing a psychotherapeutic relationship with students within the university setting. The presentation of the various types of problems and situations revealed by the students seeking or referred for psychiatric help is well considered and emphasizes appropriately the problems of personality growth on the one hand, and the role and influence of the university environment on the other. The many case studies are presented comprehensively enough to highlight the multiple influences and factors that tend to bring about poor adjustment of the student.

Not the least interesting part of the book, particularly for those, whether educators or psychiatrists, involved directly in problems of student adjustments, is the discussion of problems characteristic of the Yale environment, and of the special schools. It is of interest, for instance, to note that students in the medical school are particularly resistant to psychiatric approach or treatment, and that a "graduate school syndrome" can be described.

This book should receive the careful attention of all those dealing with problems of mental health in school or university settings. It offers an excellent orientation for educational counselors as well as those more directly involved in mental hygiene. The psychiatrist interested in psychotherapy for young adults and adolescents would wish that the psychotherapeutic procedures were more fully reported; treatment is usually dismissed with the briefest statement as to plan followed, with a word as to outcome. Developments in psychotherapy are at that stage where meticulous reporting of the psychotherapeutic experiences with a group such as is here recorded would be of greatest interest and value. That doubtless is beyond the intention of the authors in the present book, but might be looked for in a future work.

GEORGE J. MOHR, M.D.

Special Delivery

By B. D. Rosenberg, M.D. Cloth. Price, $2.00. Pp. 96. Illustrated by Gladys Mc Hugh. New York: Ziff-Davis Publishing Company, 1944.

"Special Delivery" is designed to dispel the fears of expectant mothers—fears arising from an incomplete understanding of the processes of childbirth. Dr. Rosenberg, a specialist in gynecology and obstetrics, is concerned over the serious lack of education on the subject of childbirth. He says, "The most frightening thing in the world is the fear of the unknown," and many expectant mothers are frightened simply because they do not know what they are going to go through.

A well organized, clearly written text together with excellent illustrations by Gladys McHugh brings forth the facts about pregnancy, delivery and post-delivery in such a way as to make this volume really valuable as a handbook for the expectant mother. MARY HOGAN.

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Scientific Truth

(Continued from page 837)

tendency to believe especially the thing that seems miraculous or even impossible. Indeed, there is much clear understanding of our credulity in the old Latin proverb, *Credo quia incredibile est*—"I believe because it is incredible."

This very characteristic, however, if intelligently directed, may become a basis for one of the finest of mental attributes—faith. There could be no advantage or benefit to the world in endeavoring to bring a message of guidance and direction to mankind unless the public mind were in harmony with the purpose of the message and free to appropriate the proved facts and conclusions in accordance with the rules of reason. Indeed, many scientific truths are not at first appreciated because the immediate application of them is not apparent. When Sir Michael Faraday developed the principle of the induction coil, for example, it was recognized in the scientific world as an achievement of great possibilities, which the general public did not realize. At a complimentary dinner given for Faraday, one of the distinguished guests, a lady of high social rank, said to him, "I want to congratulate you on your discovery, Mr. Faraday, but there is one question which I would like the privilege of asking you: Of what practical value is this invention?"

"My dear lady," Faraday replied, "of what value is any baby?"

This philosophical answer is reverberating throughout the world today. That infant induction coil became the foundation of all scientific progress involving light and power. It is back of every electrical wheel that turns. It is the starting point of the great motor and illuminating enterprises of civilization. Without this apparently useless baby of the electrical realm, mankind today would be thrown back centuries. All the wheels of commerce would stand dead and motionless.

Scientific truth always marks an epoch in the onward march of the human race, and it is a part of our privilege and our duty to pay homage to these steps of progress, even though we may not be able to see into the future far enough to discover what mighty revolutions in thought and action may be wrapped up in the swaddling clothes of the infant ideas of a great man.

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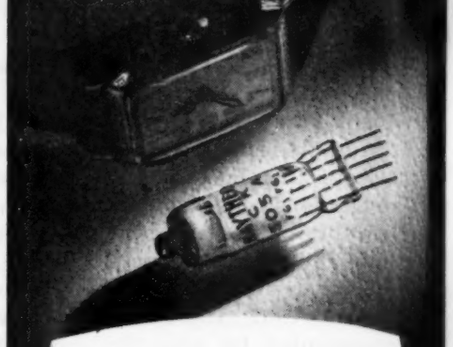

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When Carlos Finlay and the epoch-making researches of the Walter Reed Commission on yellow fever unfolded the truth that a certain kind of mosquito was responsible for this devastating scourge, whole continents previously known as the "white man's graveyard" were made safe for human beings. Vast areas were made to blossom as the rose after years of waiting for magic hands to turn the mighty wheels that revolve on behalf of human life and safety. When von Graefe, Donders, Helmholtz, Newton and Daviel showed to a waiting world the mysteries of vision and the properties of light, they opened the doors to infinite development touching the whole mighty domain of physiologic optics, with wonderful contributions to the welfare of man.

The eyes of the world are on the medical profession today, watching for new truths which will help to save the nations of the earth from the fearful ruin that disease has always wrought. Physicians can point the way but an educated public must cooperate intelligently in order to help wipe out suffering and disease. We all have before us, therefore, the urgent duty of contributing our small part in the glorious work of conserving life and aiding in every possible way the dissemination of dependable scientific knowledge.

PORTRAIT OF AN EXTROVERT

He wore the present as he wore his coat:
Whether he paused in Texas or Peru,
There was no time or place beyond his view;
The immediate circumscribed him like a moat.
It mattered not to what strange folk or nation
His travels took him, he returned the same;
Across a continent he went and came,
Much as a cabbage might, without elation.

I think that when he dies, could you espy
His grave and say: "My friend, where are you now?"
And he could hear you through the grass somehow—
He'd turn, surprised, and make you this reply:
"How can you be so blind; can you not see
My number here is lot three fifty-three?"

—*Anderson M. Scruggs.*

At first the Tampax idea seemed too revolutionary, too novel . . . If she really was prejudiced it is not surprising, for the "internal absorption" method, though long familiar to doctors, is to most women a *decidedly different* approach to the problem of monthly sanitary protection.

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HEALTH IN THE HEADLINES

ILLOGICAL but habitual food preferences are more likely to dictate the family diet than the mother's knowledge of scientific nutrition, according to a recent editorial in *The Journal* of the American Medical Association. "If the father and children refuse to eat turnips or squash or beet tops, the mother gains little by serving these items," says *The Journal*, putting the finger squarely on a serious flaw—and one which has largely escaped attention until now—in the whole effort to improve our nutritional status. Children learn to enjoy certain foods in their homes, the editorial goes on; they carry these prejudices over into adult life and, like as not, hand them down to *their* children. More emphasis should be placed on developing desirable traits in the early, impressionable years, on proper feeding of infants and children, and on improving the nutritional value of foods people are going to eat anyway as a matter of habit, *The Journal* says, because "as long as our civilization is based on the family, food habits are going to control eating."

* * *

UNEMPLOYMENT among mice, rats, rabbits and bitterling may loom as a result of recent research confirming the reliability of the Hogben test for pregnancy, which utilizes the South African or Xenopus toad. In a recent series reported by a British obstetrical journal, results of the Hogben test were ultimately proved correct in 218 of 220 cases. Other advantages claimed for the new method are: A single toad may be used for as many as twenty-four tests; laboratory-bred toads can be used and are capable of producing a second generation of responsive toads; the toads are less expensive to obtain and keep than the animals used in previous methods. This contrast is particularly striking today in the case of tests utilizing the bitterling—a small, carplike fish found for the most part in Japanese waters.

* * *

NOCTURNAL enuresis, or the involuntary discharge of urine at night, or, more simply, bed wetting, becomes a medical problem when it persists or appears after the age at which most children have gained control. Consulted by parents who are anxious or exhausted, or both, the doctor first has to rule out infection of the kidneys or bladder; occasionally some such specific, physical cause is found and treated, and the trouble ends. Most persistent cases of enuresis, however, are thought to originate in some deep-seated emotional or psychologic conflict. A child who has long since ceased to wet the bed may start again suddenly, for example, when a new baby arrives in the family; the child's subconscious resentment of the newcomer finds expression in this outré bid for parental attention. With the aid of intelligent parents, the doctor can usually find the underlying cause and, by correcting or eliminating the conflict, overcome the symptom. Sometimes, however, the answer is not found (often because parents mistakenly believe the solution lies in "discipline") until bed wetting has become a firmly established habit, which may then persist long after the original cause has disappeared.

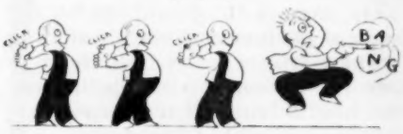
To control enuresis in twenty-five children who were chronic bed wetters, a New Orleans physician recently gave a drug of the ephedrine type to the children each night at bedtime for two weeks. All but two of the children responded immediately and remained "dry" as long as the drug was administered, the doctor reports in a medical journal. Twelve of the children, he adds, were permanently cured and haven't wet the bed since.

THE fact that sudden, severe wounds are often painless at the moment they occur and for some time thereafter has been recorded with astonishment by soldiers in this and other wars. A number of case histories illustrative of this phenomenon were presented recently by a British military surgeon, who pointed out that it is often possible to administer morphine before a man begins to feel his injury, thus checking pain entirely out of the picture. Chief reasons for lack of sensation following injury are damage to sensory nerves and the anesthetic effects of battle excitement or hysteria.

* * *

HOSPITALS are ideal sites for the study and treatment of alcoholics, a special committee of the American Hospital Association has concluded after a thorough examination of the problem. In the first place, it is pointed out, a general hospital is almost always accessible to the alcoholic and his family, whereas special institutions, both public and private, are widely scattered. Too, the hospital has complete facilities for studying the cause or causes of the condition and undertaking treatment, as well as for research directed toward evaluation of the various methods of treatment now in use.

* * *



FRANK Blanchard, a pressman at Stanford University, Calif., was feeding his flat-bed press one day last year when his clothing got caught in the machinery. Unable to loosen it, he was drawn slowly toward the huge jaws of the press. When he was a scant three inches away from crushing death, an overloaded elevator on another floor blew a fuse in the circuit and stopped the press.

Along with some gray hairs and the resolution to watch his step, this experience brought Blanchard the distinction of being named the National Safety Council's "freak squeak" champion of the year. A freak squeak, of course, is an accident which could have resulted disastrously but didn't. Each year the Council invites near victims of close shaves to submit their experiences for evaluation by a committee of accident experts. Blanchard won by a head over the man who picked up an old revolver and pulled the trigger idly a few times, listening to the clicks. He aimed at his own head, just for the thrill, and got a dandy click. Then he aimed away—and blew a hole through the floor and two walls.

Now watch out.

—R. M. CUNNINGHAM JR.